

AGENDA
BOARD OF SELECTMEN
MONDAY, NOVEMBER 14, 2016

6:00 – Convene Meeting in Open Session – Waquoit Meeting Room – Mashpee Town Hall

PLEDGE OF ALLEGIANCE

MOMENT OF SILENCE

EXECUTIVE SESSION

To discuss ongoing litigation at the school, whereas discussion of these matters in open session would have a detrimental effect on the litigating position of the Town, and to reconvene in open session.

MINUTES

- Approval of the following: Monday, October 31, 2016 Regular and Executive Session

APPOINTMENTS & HEARINGS

- 6:30 – Public Comment
- 6:35 – Review and approval of various applications/requests:
 - Request for Prorated Liquor License Fee, Mashpee Mini Mart, *Subodh Basnet*
 - Friends of the Council on Aging, *Eugenia Noussee*
 - Request for new Thrift Shop sign
 - Request for storage shed
- 6:45 – Public Hearing: Private to Public Road Conversion of Emma Oakley Mills Way
- 7:00 – Update on Cape Cod Regional Technical High School, *Bob Sanborn*

COMMUNICATIONS & CORRESPONDENCE

- 1) Mashpee TV Report

OLD BUSINESS

NEW BUSINESS

- 1) Discussion and approval of ambulance fees
- 2) Review and approval of Ambulance Billing/Abatements Policy #053

ADDITIONAL TOPICS

(This space is reserved for topics that the Chairman did not reasonably anticipate would be discussed)

LIAISON REPORTS

AGENDA BOARD OF SELECTMEN MONDAY, OCTOBER 31, 2016

6:30 p.m. – Convene Meeting in Open Session – Waquoit Meeting Room – Mashpee Town Hall

PLEDGE OF ALLEGIANCE

MOMENT OF SILENCE

MINUTES

- Approval of the following: Monday, September 26, 2016; Tuesday, October 4, 2016; and Monday, October 17, 2016 Regular Session

APPOINTMENTS & HEARINGS

- 6:30 – Public Comment
- 6:35 – Temporary signage application, Community Park Holiday Tree Lighting, Mary Bradbury
- 6:40 – Catherine Laurent (DPW Director)
 - Temporary signage application, Mashpee Rotary Holiday Lights Display
 - Update on Transfer Station
 - Recommendation for Award of Contract for Purchase of Road Salt and Safe Melt
 - Recommendation for Award of Contract for Purchase of Sand
 - Proposed Sidewalk Extension on Great Neck Road South with Pedestrian Crosswalk Beacon

COMMUNICATIONS & CORRESPONDENCE

- 1) Public Notice Request for Proposals, Cape & Islands Workforce Investment Board
- 2) Correspondence from Town Manager, Community Compact Regional Project

OLD BUSINESS

NEW BUSINESS

- 1) Discussion of feasibility study for privatization of ambulance services
- 2) Certification and confirmation of appointment of Human Resources Director, Kimberly Landry
- 3) Review and execution of Order for Betterment Assessment and Certification of Betterment Assessment, Anthony's Way

ADDITIONAL TOPICS

(This space is reserved for topics that the Chairman did not reasonably anticipate would be discussed)

LIAISON REPORTS

EXECUTIVE SESSION

Discussion regarding upcoming contract negotiations with collective bargaining units.

Board of Selectmen
Minutes
October 31, 2016

Present: Selectman Gottlieb, Selectman Cahalane, Selectman O'Hara,
Selectman Cotton, Selectman Sherman
Town Manager Rodney C. Collins
Assistant Town Manager Wayne E. Taylor

Meeting Called to Order by Chairman Gottlieb at 6:30 p.m.
Mashpee Town Hall, Waquoit Meeting Room

MINUTES

Monday, September 26, 2016; Tuesday, October 4, 2016; and Monday, October 17, 2016 Regular Session:

**Motion made by Selectman Sherman to approve the minutes of;
Monday, September 26, 2016, Tuesday, October 4, 2016, and Monday, October 17, 2016 as presented.**

Motion seconded by Selectman O'Hara.

VOTE: Unanimous. 4-0.

Roll Call Vote:

Selectman Gottlieb, yes Selectman Cahalane, yes Selectman O'Hara, yes
Selectman Cotton, absent for vote Selectman Sherman, yes Opposed, none

APPOINTMENTS & HEARINGS

Public Comment: None at this time.

Temporary signage application, Community Park Holiday Tree Lighting, Mary Bradbury:

Mary Bradbury, Recreation Director presented a Temporary Sign Permit application to the Board for the placement of two signs at the intersection of Route 130 and Great Neck Road North, on both sides of the Community Park to announce the holiday tree lighting on December 3, 2016. The 2.5' x 2.5' signs would be removed after the event. Santa is expected to be in attendance at the tree lighting ceremony.

Motion made by Selectman Cahalane to approve the Temporary Sign Permit application of the Recreation Department for signage as referenced to announce the Community Park Holiday Tree Lighting.

Motion seconded by Selectman Sherman.

VOTE: Unanimous. 4-0.

Roll Call Vote:

Selectman Gottlieb, yes Selectman Cahalane, yes Selectman O'Hara, yes
Selectman Cotton, absent for vote Selectman Sherman, yes Opposed, none

6:32 p.m. Selectman Cotton present.

Board of Selectmen
Minutes
October 31, 2016

APPOINTMENTS & HEARINGS

Catherine Laurent (DPW Director):

Temporary signage application, Mashpee Rotary Holiday Lights Display:

Catherine Laurent, Director of Public Works was before the Board with a Temporary Signage Application for sponsorship signage at the Mashpee Rotary from the 25th of November until the 3rd of January. Two banner signs are proposed to recognize the sponsors of the holiday display. With the Board's approval, the signs would be placed at the Rotary, one opposite Route 151 and the other opposite Route 28 entering from the Barnstable direction. The 8' x 4' signage would be illuminated at night. It was noted the MADOT was consulted, and there is no objection to the signage request.

It was agreed the concept represents a clean appearance and would eliminate all perimeter signage in a more tasteful manner. Sponsorship for the Mashpee Rotary holiday lights display will also offset costs to the Town of Mashpee.

Motion made by Selectman Cotton to approve the Temporary Signage application for two 8'x3' signs at the Mashpee Rotary as referenced.

Motion seconded by Selectman Sherman.

VOTE: Unanimous. 5-0.

Roll Call Vote:

Selectman Gottlieb, yes
Selectman Cotton, yes

Selectman Cahalane, yes
Selectman Sherman, yes

Selectman O'Hara, yes
Opposed, none

Update on Transfer Station:

At the Selectmen's Meeting of September 12, 2016 the Director of Public Works presented options to the Board for consideration regarding the operation of the Transfer Station. For the purpose of continuing their review of operational efficiencies and cost effectiveness, the DPW Director was requested by the Board of Selectmen to present multi-year cost projections. Ms. Laurent outlined the proposal; Town versus Contracted in a memorandum addressed to the Board dated October 25, 2016. As noted, the Transfer Station is currently operated by a private contractor. The budget for privatization includes staffing, equipment and hauling. If the Town were to assume this responsibility, a budget estimate was provided for comparison through fiscal year 2029. The budget includes annual employee salaries, benefit costs and capital equipment costs which includes the purchase and replacement of equipment within the twelve-year scenario.

The contractor operated budget assumes an annual increase of 2.5% within the total Transfer Station budget. The Town operated budget also considers a 2.5% increase with the exception of health insurance proposed to increase annually by 10%. In the first three years of the Town operated scenario, the Town budget is negative as payment is required to purchase new equipment. In years 4 through 11 there is a positive financial flow. However, in subsequent years, with the increase in estimated health insurance costs and with the purchase of new equipment, a negative cost is realized.

Board of Selectmen
Minutes
October 31, 2016

APPOINTMENTS & HEARINGS

Catherine Laurent (DPW Director):

Update on Transfer Station: (continued)

Discussion followed with respect to the general bid process and obtaining actual bid quotations for comparison purposes. For cost effectiveness, the Board considered obtaining bids in three and five year increments. The matter of rising health insurance costs was also debated. There is a compelling concern with regards to potential and increased health care costs the Town may absorb. Although it is a requirement for the contractor to provide health insurance to full time employees, it was not known if health insurance is offered to part time personnel.

Motion made by Selectman Cahalane to direct the DPW Director to issue an RFP for the operation of the Transfer Station as soon as possible with 3 and 5 year bid options.

Motion seconded by Selectman Cotton.

VOTE: Unanimous. 5-0.

Roll Call Vote:

**Selectman Gottlieb, yes
Selectman Cotton, yes**

**Selectman Cahalane, yes
Selectman Sherman, yes**

**Selectman O'Hara, yes
Opposed, none**

Recommendation for Award of Contract for Purchase of Road Salt and Safe Melt:

It is the recommendation of the DPW Director to award the bid for the purchase of road salt and the agricultural byproduct; Safe Melt/Ice Ban through the regional Plymouth and Barnstable Counties RFB to Eastern Minerals, Inc. for the low bid price of \$55.75 per ton. The salt bid is 22.5% lower than the county bid price from fiscal year 2016.

Motion made by Selectman Sherman to award a contract for the purchase of Road Salt to Eastern Minerals, Inc. for the price of \$55.75 per ton.

Motion seconded by Selectman Cotton.

VOTE: Unanimous. 5-0.

Roll Call Vote:

**Selectman Gottlieb, yes
Selectman Cotton, yes**

**Selectman Cahalane, yes
Selectman Sherman, yes**

**Selectman O'Hara, yes
Opposed, none**

Board of Selectmen
Minutes
October 31, 2016

APPOINTMENTS & HEARINGS

Catherine Laurent (DPW Director):

Recommendation for Award of Contract for Purchase of Sand:

For winter beach nourishment and road treatments, it is the DPW Director's recommendation to award a contract to Cape Cod Aggregates Corp. for the purchase of sand at a price of \$13.50 per ton. The low bid quotation is equal to the FY16 price. Award of this contract will guarantee the price for sand for fiscal year 2017.

Motion made by Selectman Sherman to award a contract for sand to Cape Cod Aggregates Corp. for the price of \$13.50 per ton.

Motion seconded by Selectman Cotton.

VOTE: Unanimous. 5-0.

Roll Call Vote:

Selectman Gottlieb, yes	Selectman Cahalane, yes	Selectman O'Hara, yes
Selectman Cotton, yes	Selectman Sherman, yes	Opposed, none

Proposed Sidewalk Extension on Great Neck Road South with Pedestrian Crosswalk Beacon:

Catherine Laurent, Director of Public Works recommended the Board approve the construction of a 5' wide sidewalk on the east side of Great Neck Road South from the entrance to Windchime northward to the new Northbridge Mashpee Commons project. This project is a condition of approval for the new assisted living facility, Northbridge at 64 Great Neck Road South which includes the installation of flashing beacons at the pedestrian sidewalk located at the intersection of Great Neck Road South and Donna's Lane. The construction of the sidewalk and the purchase/installation of the beacons would be fully funded by The Northbridge Companies.

Since the sidewalk and beacons are within the right-of-way for Great Neck Road South, the Town of Mashpee would own the improvements and be responsible for future maintenance assumptions.

Motion made by Selectman Sherman to approve the proposed sidewalk extension on Great Neck Road South as described to include the pedestrian crosswalk beacon installation.

Motion seconded by Selectman O'Hara.

VOTE: Unanimous. 5-0.

Roll Call Vote:

Selectman Gottlieb, yes	Selectman Cahalane, yes	Selectman O'Hara, yes
Selectman Cotton, yes	Selectman Sherman, yes	Opposed, none

Board of Selectmen
Minutes
October 31, 2016

COMMUNICATIONS & CORRESPONDENCE

Public Notice Request for Proposals, Cape & Islands Workforce Investment Board:

For informational purposes it was disclosed the Cape & Islands Workforce Investment Board is seeking proposals from experienced organizations to provide Workforce Innovation and Opportunity Act (WIOA) services to include career center operations/services to adults, dislocated workers and youth within the Cape & Islands Workforce Development Region.

Approximately \$2,260,000 in core funding for Adult, Dislocated Workers and Youth Framework services is expected to be available in fiscal year 2018. All bid proposals must be submitted no later than Wednesday, February 1, 2017.

It was agreed this information would be posted on the Town's website.

Correspondence from Town Manager, Community Compact Regional Project:

At the Selectmen's Meeting of April 11, 2016 Rodney C. Collins Town Manager presented a Joint Statement to the Board relative to the Governor's Community Compact Regional Program. The voluntary program identifies a number of alternative best practices areas in which municipalities may partner with representatives from the Commonwealth to improve and enhance management practices for more efficient and effective operations.

The Board at their April 11, 2016 meeting voted to participate in the Community Compact Program authorizing the Joint Statement of Interest. The Four Municipality Regional Collaboration consists of the Towns of Mashpee, Falmouth, Bourne and Sandwich. The primary focus is to jointly pursue state funding and partner with Joint Base Cape Cod to identify opportunities for potential cost effective collaboration in the area of wastewater in the Upper Cape region.

Joint Base Cape Cod is proposed as a facility to treat and discharge wastewater. For this regional initiative, \$150,000 is being requested. The deadline for the grant program is November 15, 2016. It was noted that recently, MassDevelopment conducted a feasibility study with respect to this regard and it may be an opportunity to utilize information from the study on this project.

Emergency Shellfish Ban Lifted:

It was announced the MA Department of Marine Fisheries has lifted the emergency shellfish ban in Mashpee with the exception of the oyster beds. The shellfish ban was ordered earlier this month due to a phytoplankton bloom in the local waterways. During this closure there were no positive test samples reported.

Board of Selectmen
Minutes
October 31, 2016

NEW BUSINESS

Discussion of feasibility study for privatization of ambulance services:

The Board of Selectmen in continuing their review of operational efficiency and cost effectiveness discussed the feasibility of conducting a study for the privatization of ambulance services. For disclosure, it was affirmed that no other action would be taken other than conducting a feasibility study. The Board of Selectmen recently held a financial meeting regarding the long term fiscal analysis and plan for the Town. Realizing there are challenges in fiscal year 2022 the Board is reviewing scenarios to better serve the Town. This endeavor includes a review of other operational efficiencies within the Town.

Town Manager Rodney C. Collins indicated it is important to keep the taxpayer informed if efficiency could or could not be improved. If questions were to arise regarding operational proficiency, this type of factual information would be disclosed to the taxpayer. It was agreed the Town has trained staff and equipment to provide for professional ambulance services and there is preference to maintain the current staffing. However, it is important to conduct due diligence on behalf of the taxpayers.

Motion made by Selectman Cotton to authorize the Town Manager to move forward to secure a feasibility study for the privatization of ambulance services.

Motion seconded by Selectman Cahalane.

VOTE: Unanimous. 5-0.

Roll Call Vote:

Selectman Gottlieb, yes	Selectman Cahalane, yes	Selectman O'Hara, yes
Selectman Cotton, yes	Selectman Sherman, yes	Opposed, none

Certification and confirmation of appointment of Human Resources Director, Kimberly Landry:

It is the recommendation of Rodney C. Collins, Town Manager to appoint Kimberly Landry to the position of Director of Human Resources. Ms. Landry has exemplified as acting HR Director for the past several months. The position was posted in-house. Only one application and resume was received from Kimberly Landry. Rodney C. Collins, Town Manager indicated based on Ms. Landry's resume, qualifications and overall performance he is confident Ms. Landry has the ability to professionally fulfill this capacity.

Motion made by Selectman Cahalane to certify and confirm the appointment of Kimberly A. Landry to the position of Human Services Director.

Motion seconded by Selectman Cotton.

VOTE: Unanimous. 5-0.

Roll Call Vote:

Selectman Gottlieb, yes	Selectman Cahalane, yes	Selectman O'Hara, yes
Selectman Cotton, yes	Selectman Sherman, yes	Opposed, none

Board of Selectmen
Minutes
October 31, 2016

NEW BUSINESS

Review and execution of Order for Betterment Assessment and Certification of Betterment Assessment, Anthony's Way:

The Board of Selectmen reviewed the Order for Betterment Assessment for construction improvements to Anthony's Way. Said improvements cost \$27,920.90. The proportionate share of the cost to each of the (7) parcels of land is \$3,988.70.

Motion made by Selectman Cotton to execute and certify the Order for Betterment Assessment for construction improvements to Anthony's Way as presented.

Motion seconded by Selectman Sherman.

VOTE: Unanimous. 5-0.

Roll Call Vote:

Selectman Gottlieb, yes
Selectman Cotton, yes

Selectman Cahalane, yes
Selectman Sherman, yes

Selectman O'Hara, yes
Opposed, none

LIAISON REPORTS

Schools: The School Department will hold its first meeting to discuss School Superintendent Search Process in two weeks. Board of Selectmen member John Cotton liaison to the School Committee and Rodney C. Collins, Town Manager will serve on this committee.

ADJOURNMENT

Motion made by Selectman Cahalane to adjourn at 7:09 p.m. The Board will enter into Executive Session at this time for the purpose of discussing upcoming contract negotiations with collective bargaining units. The Board will not reconvene in Open Session.

Motion seconded by Selectman Cotton.

VOTE: Unanimous. 5-0.

Roll Call Vote:

Selectman Gottlieb, yes
Selectman Cotton, yes

Selectman Cahalane, yes
Selectman Sherman, yes

Selectman O'Hara, yes
Opposed, none

Respectfully submitted,

Kathleen M. Soares
Secretary to the Board of Selectmen



TOWN OF MASHPEE

OFFICE OF SELECTMEN

16 Great Neck Road North
Mashpee, Massachusetts 02649
Telephone - (508) 539-1401
bos@mashpeema.gov

MEMORANDUM

TO: Andrew R. Gottlieb, Chairman
and Honorable Members of the Board of Selectmen

FROM: Christine Willander, Administrative Assistant *CW*

DATE: October 25, 2016

RE: Request for Prorated Liquor License Fee, Mashpee Mini Mart

At the request of the Town Manager, I am submitting the attached correspondence from Subodh Basnet, Manager of Mashpee Mini Mart, located at 401 Nathan Ellis Highway, Units 6 & 7, Mashpee MA.

On July 25, 2016, the Board of Selectmen voted to grant an Annual Wine & Malt Package Store License to Mashpee Mini Mart, and our office received notification of ABCC approval on September 15, 2016. Mr. Subodh's letter requests a reduced/prorated liquor license fee based on the fact that his license was not issued until September 23rd, giving him a little over three months until its expiration on December 31, 2016.

The fee for an Annual Wine & Malt Package Store License is \$2,000. Mr. Subodh was asked to submit a payment of \$500 and has agreed to immediately remit the remaining balance should his request be denied.

September 26, 2016

Dear Board of Selectmen,

I was recently approved for a liquor license for my establishment, Mashpee Mini Mart, and would like to request a prorated amount for my 2016 license, which will only be in effect October, November and December. I am available to appear before the Board at an upcoming meeting to answer any questions you may have.

Thank you in advance for your favorable consideration.



SUBODH BASNET

508-367-9890



TOWN OF MASHPEE

OFFICE OF SELECTMEN

16 Great Neck Road North
Mashpee, Massachusetts 02649
Telephone - (508) 539-1401
bos@mashpeema.gov

MEMORANDUM

TO: Andrew R. Gottlieb, Chairman
and Honorable Members of the Board of Selectmen

FROM: Christine Willander, Administrative Assistant *CW*

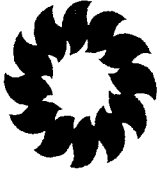
DATE: November 9, 2016

RE: Requests from the Friends of the Mashpee Council on Aging

At the request of the Town Manager, I am providing the attached documents as back-up for the two (2) requests listed below and submitted by the Friends of the Mashpee Council on Aging.

- 1) New Thrift Shop sign – Day Sign will create and install the new sign, with the placement being approved in advance by the DPW Director. Image and estimate are attached.
- 2) New storage shed – The DPW will supply all labor and materials for the new shed. Image and estimate are attached.

Please note that all costs associated with the two proposed projects will be borne by the Friends of the Mashpee Council on Aging.



DAY SIGN COMPANY

Cape Cod Signmakers since 1974

Email: daysigns@verizon.net
www.daysigns.net

4 Cappaquack Rd., Mashpee, MA 02649
Tel & Fax: (508) 477-8824

MASHPEE
THRIFT SHOP
→

Sign size 23"ht. x 72"wide
Using PolyCarve Engraving Material
No Maintenance material.
2-Sided
Using 3/4" PVC Plastic Frame and Molding.
Posts using PT Wood Wrapped with
PVC Plastic 4"x72".
Top Caps using New England Style PVC

Estimate for Standing Sign 23in x 72in

Estimate #356

08/19/2016

Prepared for:
Mashpee Thrift Shop

Prepared by:
Day Sign Company

Jean Nousses

Salesperso
4 Cappawack Road
Mashpee, MA 02649
Phone 508 477-8824 Fax: 508 477-8824

Phone 508-477-2330 Fax
Description:

Delivery:

Production time for the following item(s) will be approximately 8 wor

Quantity	Description	Each	Amount	Tax
1	Directory Sign Rte. 151 / 23"ht.x72"wi Material / No Maintence engraved outdo made from PVC Plastic and molding.	\$950.00	\$950.00	Yes
1	ground 72", in ground 3" Finished with PVC Plastic sleeves and	\$325.00	\$325.00	Yes
1	Installation of sign. calling DIGSAFE, sign on posts with hardware.	\$300.00	\$300.00	

TOTALS Subtotal: \$1,575.00

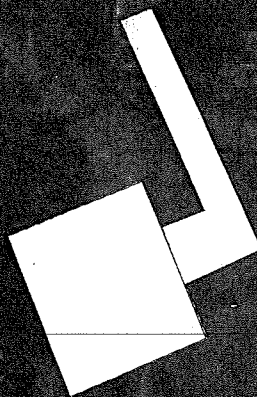
Sales \$79.69
Total: \$1,654.69

Terms:

This estimate good for 30 days. 50% due on signing, balance due on co
By my signature below, I authorize work to begin and agree to pay above
amount in full according to the terms on this agreement.

SIGNED: _____ DATE: _____ AM

FRANK E. HICKS DRIVE



Friends of COA Thrift Shop

Shed (12x14)	\$4,200 including delivery
Door (into thrift shop)	\$800 materials only
Concrete walk (60"x20')	\$1,000 materials only
Electrical (install lights and outlets)	\$500 materials only
	<u>\$6,500</u>

Work to be completed by DPW as schedule allows; no later than 6/30/17

TOWN OF MASHPEE
PUBLIC HEARING NOTICE

Pursuant to the Code of the Town of Mashpee §150-6.D., the Mashpee Board of Selectmen will hold a public hearing on November 14, 2016 at 6:45 p.m. at the Mashpee Town Hall, 16 Great Neck Road North, on the private to public road conversion of the following road:

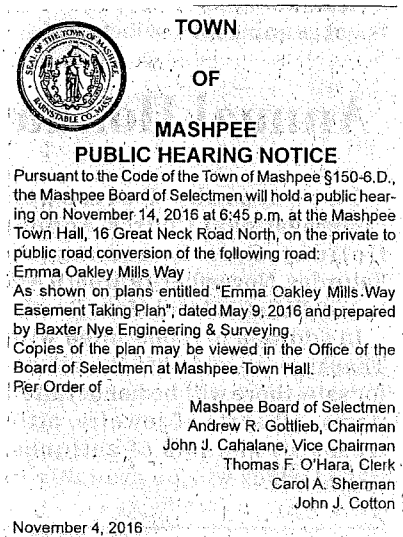
Emma Oakley Mills Way

As shown on plans entitled "Emma Oakley Mills Way Easement Taking Plan", dated May 9, 2016 and prepared by Baxter Nye Engineering & Surveying.

Copies of the plan may be viewed in the Office of the Board of Selectmen at Mashpee Town Hall.

Per Order of
Mashpee Board of Selectmen

Andrew R. Gottlieb, Chairman
John J. Cahalane, Vice Chairman
Thomas F. O'Hara, Clerk
Carol A. Sherman
John J. Cotton





TOWN OF MASHPEE

OFFICE OF SELECTMEN

16 Great Neck Road North
Mashpee, Massachusetts 02649
Telephone - (508) 539-1401
bos@mashpeema.gov

MEMORANDUM

TO: Andrew R. Gottlieb, Chairman
and Honorable Members of the Board of Selectmen

FROM: Christine Willander, Administrative Assistant *CW*

DATE: November 9, 2016

RE: Private to Public Road Conversion – Emma Oakley Mills Way

At the request of the Town Manager, I am submitting the attached documents relative to the proposed private to public road conversion of Emma Oakley Mills Way. These documents are provided to assist the Board in answering questions/concerns from residents relative to the road conversion process and/or the estimated costs.

Below is a list of affected property owners, each of whom was sent notice of tonight's hearing, along with copies of the estimate, via certified mail on November 3, 2016. If residents plan to move forward with this project, it will be necessary for at least 50% of the affected property owners to sign and submit a second petition to this office. Assistant Town Manager Wayne Taylor will provide residents with copies of Petition #2 at the close of the public hearing. Petition #2 must be received by February 13, 2017 in order to have an article placed on the May Town Meeting Warrant.

NAME	MAILING ADDRESS	PROPERTY ADDRESS
Johnson, Carl E & Cori M	15 Emma Oakley Mills Way	15 Emma Oakley Mills Way
Mills, Earl H Sr Trustee	272 Main St	16 Emma Oakley Mills Way
Mills, Earl H Sr Tr	272 Main St	17 Emma Oakley Mills Way
Pocknett, Willard & Donnella	18 Emma Oakley Mills Way	18 Emma Oakley Mills Way
Pocknett, David L Sr & Shelley	19 Emma Oakley Mills Way	19 Emma Oakley Mills Way
Hendricks, Lisa C	20 Emma Oakley Mills Way	20 Emma Oakley Mills Way
Mills, Robert F & Rachel L	21 Emma Oakley Mills Way	21 Emma Oakley Mills Way

EMMA OAKLEY MILLS ROAD	
ESTIMATED BETTERMENT COST	
CONSTRUCTION	\$ 54,234.00
PROCESSING (ENGINEERING, \$150/PROPERTY RECORDING FEE)	\$ 6,050.00
SUBTOTAL	\$ 60,284.00
INTEREST (5%)	\$ 3,014.20
TOTAL	\$ 63,298.20
COST TO BE BORNE BY EACH OF SEVEN (7) PROPERTY OWNERS	\$ 9,042.60
Please be advised that this amount reflects the maximum allowable charge by the Town of Mashpee for this Betterment	

ESTIMATE FOR CONVERSION (FY18)

TITLE: Emma Oakley Mills Road

22 width
1060 length

	Quantity	Unit	Unit Price Estimate	Total \$\$ Amount
CRACKFILLING	1	LS	\$1,000.00	\$1,000
TREE WORK	0	DAY	\$2,500.00	\$0
DRAINAGE BUDGET	3	EACH	\$4,000.00	\$12,000
SURFACE 1.5" TOP BITUMINOUS CONCRETE CLASS 1 COMPLETE IN PLACE	225	TON	\$100.00	\$22,500
ADJUST FRAMES	6	EACH	\$330.00	\$1,980
PAVED APRONS DRIVEWAYS/ROADS	5	EACH	\$750.00	\$3,750
CURBING	1	LS	\$2,000.00	\$2,000
CATCH BASIN, CLEANING	6	EACH	\$300.00	\$1,800
LOAM	0	CY	\$20.00	\$0
GRADEALL	8	HOURL	\$250.00	\$2,000
HYDROSEED	6,360	SF	\$0.15	\$954
ENGINEERING/SURVEYING/PRINTS	1	LS	\$5,000.00	\$5,000
GUARD RAIL	N/A			
STREET SWEEPING	0.5	DAY	\$1,200.00	\$600
POLICE DETAIL	1	DAY	\$450.00	\$450
DPW OVERTIME				
SIGNS	2	EACH	\$50.00	\$100
POSTS	1	EACH	\$100.00	\$100
LINE PAINTING (PAINT)	0	LF	\$0.040	\$0
RECESSED MARKERS	N/A			
MISCELLANEOUS				\$5,000
GRAND TOTAL				\$59,234

Prepared 8-25-16 by CEL



CAPE COD

R E G I O N A L

Technical High School

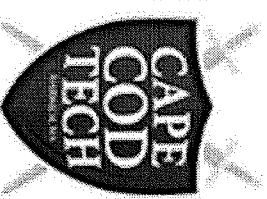
Mashpee Selectmen

November 14, 2016

Cape Cod Tech

Agenda

1. Where have we been?
 2. What is the timeline?
 3. What does the vote look like?
 4. Initial Estimates for potential solutions
 5. Handouts
-
1. Attachment A - Project Timeline as of October 2016
 2. Attachment B - Bay Path Vote Example
 3. Attachment C - Alternatives with preliminary estimates
 4. Attachment D – Financial Impact for Your Town



Student Enrollment Trend

	2011		2012		2013		2014		2015		2016	
	Students	%	Students	%	Students	%	Students	%	Students	%	Students	%
Barrstable	183	26.41%	171	25.60%	168	25.69%	168	25.69%	176	27.16%	173	27.99%
Brewster	45	6.49%	39	5.84%	42	6.42%	42	6.42%	39	6.02%	43	6.96%
Chatham	18	2.60%	19	2.84%	23	3.52%	21	3.21%	17	2.62%	11	1.78%
Dennis	98	14.14%	92	13.77%	93	14.22%	85	13.00%	77	11.88%	76	12.30%
Eastham	12	1.73%	17	2.54%	14	2.14%	13	1.99%	11	1.70%	16	2.59%
Harwich	68	9.81%	74	11.08%	85	13.00%	73	11.16%	73	11.27%	75	12.14%
Mashpee	67	9.67%	62	9.28%	55	8.41%	57	8.72%	62	9.57%	59	9.55%
Orleans	18	2.60%	19	2.84%	14	2.14%	12	1.83%	14	2.16%	13	2.10%
Provincetown	5	0.72%	5	0.75%	4	0.61%	6	0.92%	4	0.62%	3	0.49%
Truro	6	0.87%	5	0.75%	5	0.76%	3	0.46%	2	0.31%	1	0.16%
Wellfleet	6	0.87%	4	0.60%	4	0.61%	6	0.92%	8	1.23%	7	1.13%
Yarmouth	166	23.95%	161	24.10%	147	22.48%	168	25.69%	163	25.15%	141	22.82%
Out-of-District									2	0.31%		
	693		668		654		654		648		618	

Massachusetts School Building Authority (MSBA) at Cape Cod Tech

MSBA Phase I: Eligibility Period

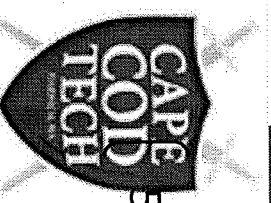
- In January of 2015, after 4 Statements of Interest (SOI's) to the MSBA, Cape Cod Tech was accepted into the eligibility period in the MSBA's "CORE" program for a new school or a major reconstruction/renovation of the existing facility.
- The Cape Cod Regional Technical H.S. has formed a School Building Committee comprised of 25 members representing the interest of our 12 sending towns. **Dawn Thayer** represents Mashpee on this committee.
- We reached agreement on a design enrollment of **650** students

Feasibility Phase & Schematic Design

MSBA Module II: Forming the team

Completed Items to date

- On September 30, 2015, the Cape Cod Regional Technical High School was invited into the Feasibility and Schematic Design Phase.
- On February 1, 2016, Strategic Building Solutions, DBA Colliers International was chosen as our Owners Project Manager (OPM).
- On May 17, 2016, Drummey, Rosane and Anderson (DRA) was selected as our designer.



Feasibility Phase & Schematic Design

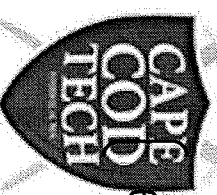
MSBA Module III: Feasibility Study

Completed Items (continued)

- On June 23, 2016, the Cape Cod Regional Technical High School committee chose to close our Welding/Metal Fabrication and Early Childhood Education programs.
- On July 11, 12 and 29, “Visioning Sessions” were held at our school with an educational consultant assigned to our project, Dr. Frank Locker. Thirty-five stakeholders from inside and outside the school participated.

For up-to-date information on the progress of the project, visit

<http://capetech.us/domain/50>



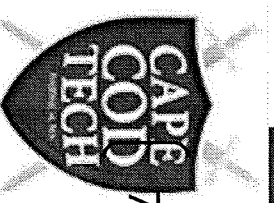
Feasibility Phase & Schematic Design

MSBA Module III: Feasibility Study

Completed Items:

➤ In October 2016 we submitted with the assistance of our team:

- Educational Program design
- Initial Space Summary
- Evaluation of existing conditions
- Site development Requirements
- From October through December 2017, a preferred solution study will take place.

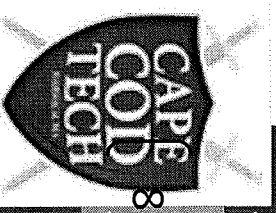


Feasibility Phase & Schematic Design

MSBA Module III: Feasibility Study

Items to be completed (continued):

- From October 2016 through December 2016, a preferred solution study will take place which will identify:
 - New school options
 - Several renovation/addition options
- By January 4, 2017, we need to select and submit our preferred option to the MSBA in consultation with our school building committee and our school committee.
- On February 15, 2017, the MSBA would approve our preferred solution.

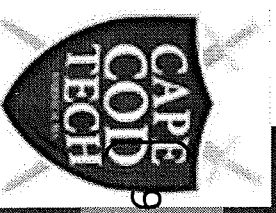


Feasibility Phase & Schematic Design

MSBA Module IV: Schematic Design

Items to be completed (continued):

- From February through May 2017, the design process occurs.
- By early June 2017, specific, detailed cost estimates will be generated
- By August 2017, project scope and budget should be complete with warrants due to sending towns by August 24, 2017
- On August 23, 2017, MSBA approves the Schematic Design

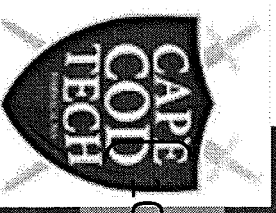


Feasibility Phase & Schematic Design

MSBA Module V: Funding the Project

Items to be completed (continued):

- From February/March through August 2017, communication with appropriate town committees explaining our preferred option with design and financial specifics.
- On October 24, 2017, a district-wide election will be held pursuant to Chapter 71 Section 16 (n).



What is Chapter 71

Section 16 (N)?

- Vote of the district committee authorizing the debt is approved by a majority of the registered voters in the member towns voting on the question at an election under the following provisions:
 - Warrant addressed to registered voters in member towns
 - Warrant signed by a majority of district committee
 - Sets forth date of election
 - Polling places

What is Chapter 71

Section 16 (N)?

- Hours polls to be open
- Question which is to appear on the ballot
- Must post warrant attested by secretary of the committee in public place in each town
- Must publish in one newspaper of general circulation at least ten days before election
- Number/location of polling places determined by district committee after consultation with selectmen or council

What is Chapter 71

Section 16 (N)?

- Hours must be uniform throughout the district
- Hours must be not less than 4 hours but no more than eight hours
- District committee responsible for preparation of ballots
- Town clerk of each town certifies the results to the district committee
- Expenses of election paid by regional school district as operating expense
- Defeat of proposal shall not prevent the resubmission of the same proposal as a new authorization

Town Clerk's Meeting at CCT

April 5, 2016

- Discussed Chapter 71 Section 16 (n)
- Discussed the example of Bay Path Regional Technical High School
- Determined October 24, 2017 election date
- Determined warrants would be due a 1 -2 months prior on August 24, 2017 (estimated)

Bay Path Regional Technical High School Example

- See Attachment B
- Approximately \$73.8 million dollar project
- Utilized Chapter 71 Section 16 (n)
- 67.41 % MSBA reimbursement rate for allowable costs
 - Cape Cod Tech currently 42 %!
- 10 towns

School Building Committee

Meeting in October 2016

- Drummey, Rosane & Anderson presented seven alternatives with preliminary cost estimates as we transitioned into the preferred solution study **Attachment C**
- **Attachment D** shows scenarios by town for 30 years for each alternative

Questions? & Thank You

B.3.c. ACCEPTANCE OF BUILDING COMMITTEE RECOMMENDATION TO HOLD A DISTRICT WIDE ELECTION - As recommended by the Superintendent-Director and the School Building Committee for the SWCRVSD,

A MOTION was made by Robert Zukowski that the full school committee vote to approve a district wide election for the Bay Path Building/Renovation Project.
 Seconded by Olaf Garcia
VOTED: Unanimous

B.3.d. APPROVAL OF DATE AND TIME OF DISTRICT-WIDE ELECTION - As recommended by the Superintendent-Director and the School Building Committee for the SWCRVSD,

After a lengthy discussion,
 A MOTION was made by Michael Langevin that the full school committee vote to set the date for the district wide vote for Thursday, October 4, 2012.
 Seconded by Robert Mowatt
VOTED: Unanimous

A MOTION was made by Clarence A. Bachand that the full school committee vote to set the time for the district wide vote from 12:00pm to 8:00pm.
 Seconded by Donald Erickson

After much discussion and opposition to the time set for the district wide vote Clarence Bachand and Donald Erickson withdrew their motion to set the time from 12:00pm to 8:00pm.

A MOTION was made by Clarence A. Bachand that the full school committee vote to set the time for the district wide vote from 7:00am to 8:00pm.
 Seconded by Michael Langevin
VOTED: Yes (16) No (2) Robert Wheeler and Robert Zukowski
 Motion carries

B.3.e. APPROVAL OF BUILDING/RENOVATION PROJECT AND DISTRICT WIDE ELECTION WARRANT - As recommended by the Superintendent-Director and the School Building Committee for the SWCRVSD,

A MOTION was made by Olaf Garcia that we vote to approve the language for the Building/Renovation Project and the Election Warrant as follows:

VOTED: That the Southern Worcester County Regional Vocational School District (the "District") hereby appropriates the amount of \$73,722,405 for the purpose of paying costs of designing, constructing, originally equipping and furnishing an addition to and renovation of the Bay Path Regional Vocational Technical High School, located at 57 Old Muggett Hill Road, Charlton, including the payment of all costs incidental or related thereto (the "Project"), which school facility shall have an anticipated useful life as an educational facility for the instruction of school children of at least 50 years, and for which the District may be eligible for a school construction grant from the Massachusetts School Building Authority ("MSBA"), said amount to be expended at the direction of the School

Building Committee. To meet this appropriation the District is authorized to borrow said amount, under and pursuant to Chapter 71, Section 16(n) of the General Laws and the District Agreement, as amended, or pursuant to any other enabling authority. The District acknowledges that the MSBA's grant program is a non-entitlement, discretionary program based on need as determined by the MSBA, and any Project costs the District incurs in excess of any grant approved by and received from the MSBA shall be the sole responsibility of the District; provided further that any grant that the District may receive from the MSBA shall not exceed the lesser of (1) sixty-seven and forty-one hundredths percent (67.41%) of eligible, approved Project costs, as determined by the MSBA, and (2) the total maximum grant amount determined by the MSBA, and that the amount of borrowing authorized pursuant to this vote shall be reduced by any grant amount set forth in the Project Funding Agreement that may be executed between the District and the MSBA.

If the District were to receive an MSBA grant in the amount of 67.41% of eligible, approved Project costs, it is anticipated that the net principal amount of this debt allocable to each member town of the District, exclusive of interest, would be approximately as follows:

Member Town	Approximate Amount	Member Town	Approximate Amount
Auburn	\$3,589,631	Paxton	\$1,085,846
Charlton	\$3,471,125	Rutland	\$2,415,594
Dudley	\$2,838,633	Southbridge	\$3,743,965
North Brookfield	\$1,016,947	Spencer	\$2,462,446
Oxford	\$3,318,170	Webster	\$3,363,643

The debt authorized by this vote of the Committee shall be submitted to the registered voters of the District's member towns for approval at a District-wide election in accordance with the provisions of Chapter 71, Section 14D and Chapter 71, Section 16(n) of the General Laws. The date of such District-wide election shall be October 4, 2012, and the warrant calling such election, substantially in the form presented to this meeting, with such revisions as the Superintendent-Director shall deem necessary, is hereby approved.

Seconded by: Robert Mowan

After a lengthy discussion about the language contained in the warrant regarding the grant from MSBA and no notation regarding the actual total of \$27.3 million dollars that will be paid by the towns,

A MOTION was made by Olaf Garcia that we move the question for a vote.

Seconded by: Dr. Rene J. Hamel

VOTED: Yes (15) No (3) Al Beland, Timothy Schur, Helen Lentz

Mr. Wilby informed the Committee that he has assigned members to a new Marketing Committee which he will share later in the meeting.

B.3.F. PERMISSION TO PARTICIPATE IN CAMP SUNSHINE - Health Technologies -

As recommended by the Superintendent-Director,

A MOTION was made by Olaf Garcia that we vote to allow 10 students and two teachers to volunteer at Camp Sunshine on Lake Sebago in Casco Maine from Wednesday, October 10 through Sunday, October 14, 2012, with transportation to be provided by the district.

Seconded by Michael Langevin

VOTED: Unanimous

Preliminary Evaluation

Alternative	Educational Program goals	Site & Facility Goals	Phasing impacts	Construction Cost Range	Project Cost Range
Base Repairs	Does not address educational goals or correct educational deficiencies	Prolongs useful life of existing building.	Very disruptive schedule requiring swing space or extended construction period over a number of summers	\$25-\$50 Million	\$35-\$65 Million
Reno Only	Would not meet all space requirements. Improved classrooms. Lacks collaborative space.	Prolongs useful life of existing building. Site access remains essentially as is.	Very disruptive for at least three academic years. Requires modular classrooms for swing space. Limited access to core facilities during certain phases	\$65-\$80 Million	\$85-\$105 Million
Add/Reno	Would mostly meet space requirements for academic areas with improved collaborative spaces.	Prolongs useful life of existing building. Improved main entrance location.	Very disruptive for probably three academic years. May require some modular classrooms for swing space beyond the addition.	\$75-\$90 Million	\$100-\$120 Million
Add/Reno/Demo	Would mostly meet space requirements for academic areas with collaborative spaces and better integration of shops and classrooms. Better consolidation of academics.	Prolongs useful life of existing building. Improved main entrance and public access.	Very disruptive for probably three academic years. Will require significant modular classrooms as new construction can't begin until after demolition.	\$85-\$100 Million	\$110-\$130 Million
C.1	Would meet space requirements and educational goals	Good entrance location, but sits low on site. Maximizes available green space. Separate bus and car drop-offs. Some expansion potential.	Least disruptive impact on existing school. Football field is unavailable during construction	\$100-\$120 Million	\$130-\$150 Million
C.2	Would meet space requirements and educational goals	Good entrance location, sits high on site. Maximizes available green space. Separate bus and car drop-offs. Some expansion potential.	Least disruptive impact on existing school. Faculty parking is unavailable during construction	\$100-\$120 Million	\$130-\$150 Million
C.3	Would meet space requirements and educational goals	Good entrance location, but sits low on site. Maximizes available green space. Separate bus and car drop-offs. Close to abutters. Some expansion potential.	Some disruption on existing school. Athletic fields are unavailable during construction.	\$100-\$120 Million	\$130-\$150 Million
C.4	Would meet space requirements and educational goals	Building is tight to street. Maximizes available green space. Separate bus and car drop-offs. Some expansion potential.	Significant disruption to existing school and septic system. Soccer and track are unavailable during construction.	\$105-\$125 Million	\$135-\$160 Million

New Construction

Total Project Costs:	1	116,552,000
Media Subsidy Investment Limit:	1	48,232,000
District's Local Share of Project Costs:	1	26,032,000
Projected Bonds raised:		\$51,151
Projected Investment in WTS/D Services:		\$797

Country	Population	Population density
Algeria	10,444,122,448	120.20
Algeria	1,474,441,878	120.20
Algeria	6,203,316,445	120.20
Algeria	6,337,491,892	120.20
Algeria	2,322,432,185	120.20
Algeria	4,911,089,100	120.20
Algeria	4,785,906,628	120.20
Algeria	3,727,181,110	120.20
Algeria	2,916,345,642	120.20
Algeria	2,098,290,193	120.20
Algeria	2,753,641,538	120.20
Algeria	5,489,916,100	120.20

[illegible]

01/01/2023

Research in this area will continue to be needed to better understand the relationship between the use of the Internet and the use of other information sources.

† Includes 1 female with 10 eggs in ovary in early June.

Cape Cod Regional Technical High School
 New Construction
 Estimated Total Project Cost \$150,000,000
 Est. 40% MSBA Reimbursement
 EST. LEVEL DEBT SERVICE SCHEDULE

Year	Principal	Coupon	Interest	Total P+I
6/30/2020	-	5.00%	2,250,000	2,250,000
6/30/2021	1,325,000	5.00%	4,466,875	5,791,875
6/30/2022	1,395,000	5.00%	4,398,875	5,793,875
6/30/2023	1,465,000	5.00%	4,327,375	5,792,375
6/30/2024	1,540,000	5.00%	4,252,250	5,792,250
6/30/2025	1,620,000	5.00%	4,173,250	5,793,250
6/30/2026	1,700,000	5.00%	4,090,250	5,790,250
6/30/2027	1,790,000	5.00%	4,003,000	5,793,000
6/30/2028	1,880,000	5.00%	3,911,250	5,791,250
6/30/2029	1,975,000	5.00%	3,814,875	5,789,875
6/30/2030	2,080,000	5.00%	3,713,500	5,793,500
6/30/2031	2,185,000	5.00%	3,606,875	5,791,875
6/30/2032	2,295,000	5.00%	3,494,875	5,789,875
6/30/2033	2,415,000	5.00%	3,377,125	5,792,125
6/30/2034	2,540,000	5.00%	3,253,250	5,793,250
6/30/2035	2,670,000	5.00%	3,123,000	5,793,000
6/30/2036	2,805,000	5.00%	2,986,125	5,791,125
6/30/2037	2,950,000	5.00%	2,842,250	5,792,250
6/30/2038	3,100,000	5.00%	2,691,000	5,791,000
6/30/2039	3,260,000	5.00%	2,532,000	5,792,000
6/30/2040	3,425,000	5.00%	2,364,875	5,789,875
6/30/2041	3,605,000	5.00%	2,189,125	5,794,125
6/30/2042	3,785,000	5.00%	2,004,375	5,789,375
6/30/2043	3,980,000	5.00%	1,810,250	5,790,250
6/30/2044	4,185,000	5.00%	1,606,125	5,791,125
6/30/2045	4,400,000	5.00%	1,391,500	5,791,500
6/30/2046	4,625,000	5.00%	1,165,875	5,790,875
6/30/2047	4,865,000	5.00%	928,625	5,793,625
6/30/2048	5,115,000	5.00%	679,125	5,794,125
6/30/2049	5,375,000	5.00%	416,875	5,791,875
6/30/2050	5,650,000	5.00%	141,250	5,791,250
Total	90,000,000		86,006,000	176,006,000

Capa Cod Regional Technical High School
Addition/Renovation/Demolition

	1	2
Total Project Cost:	110,000,000	
MSHA Reimbursement Level:	57,629,000	
Deductible Local Share of Project Cost:	78,000,000	
Projected Bonded Claims:	161,531	
Proposed Interest Rate on 10/15/19 Bond:	8.00%	

State	Population	Population Density	Population Change
Alabama	4,600,000	104.4	12.4%
Alaska	640,000	3.6	1.1%
Arizona	6,300,000	116.4	15.4%
Arkansas	2,900,000	61.3	9.5%
California	37,700,000	215.1	18.5%
Colorado	5,000,000	80.8	10.5%
Connecticut	3,600,000	956.4	4.3%
Delaware	900,000	301.1	1.0%
District of Columbia	600,000	1,144.4	4.2%
Florida	19,000,000	144.2	14.2%
Georgia	8,200,000	103.5	13.5%
Hawaii	1,300,000	150.0	1.0%

Fiscal Year	Equal Net Total Debt Service	Borrowings			Revenues			Costs			Debits			Transfer Monthly Allocation of Debt Service and Excess Available Tax Rate Based on \$1,000 of Assessed Value			Transfers			Miscellaneous			Totals			Miscellaneous			Totals		
		Borrowings Debt Service	Ref. Pay. Provision	PS, \$1,000	Revenue	Ex. Tax Rate	Investment Provision	Operating Debt Service	Ref. Pay. Provision	Net \$1,000	Debit Debt Service	Ref. Pay. Provision	Net \$1,000	Debit Debt Service	Ref. Pay. Provision	Net \$1,000	Debit Debt Service	Ref. Pay. Provision	Net \$1,000	Debit Debt Service	Ref. Pay. Provision	Net \$1,000	Debit Debt Service	Ref. Pay. Provision	Net \$1,000	Debit Debt Service	Ref. Pay. Provision	Net \$1,000	Debit Debt Service	Ref. Pay. Provision	Net \$1,000
2020	1,454,509	444,523	0.12	316,213	0.10	60,375	0.01	726,850	0.04	50,465	0.02	226,602	0.03	188,165	0.04	103,425	0.03	24,376	0.03	8,364	0.02	1,115	0.02	22,047	0.03	1,415,622	0.02	36,817	0.03	444,523	0.02
2021	1,417,313	444,523	0.12	316,213	0.10	60,375	0.01	617,023	0.04	49,000	0.02	168,916	0.03	179,503	0.04	103,425	0.03	24,376	0.03	8,364	0.02	1,115	0.02	22,047	0.03	1,414,141	0.02	36,817	0.03	444,523	0.02
2022	1,417,313	444,523	0.12	316,213	0.10	60,375	0.01	617,023	0.04	49,000	0.02	168,916	0.03	179,503	0.04	103,425	0.03	24,376	0.03	8,364	0.02	1,115	0.02	22,047	0.03	1,414,141	0.02	36,817	0.03	444,523	0.02
2023	1,417,313	444,523	0.12	316,213	0.10	60,375	0.01	617,023	0.04	49,000	0.02	168,916	0.03	179,503	0.04	103,425	0.03	24,376	0.03	8,364	0.02	1,115	0.02	22,047	0.03	1,414,141	0.02	36,817	0.03	444,523	0.02
2024	1,417,313	444,523	0.12	316,213	0.10	60,375	0.01	617,023	0.04	49,000	0.02	168,916	0.03	179,503	0.04	103,425	0.03	24,376	0.03	8,364	0.02	1,115	0.02	22,047	0.03	1,414,141	0.02	36,817	0.03	444,523	0.02
2025	1,417,313	444,523	0.12	316,213	0.10	60,375	0.01	617,023	0.04	49,000	0.02	168,916	0.03	179,503	0.04	103,425	0.03	24,376	0.03	8,364	0.02	1,115	0.02	22,047	0.03	1,414,141	0.02	36,817	0.03	444,523	0.02
2026	1,417,313	444,523	0.12	316,213	0.10	60,375	0.01	617,023	0.04	49,000	0.02	168,916	0.03	179,503	0.04	103,425	0.03	24,376	0.03	8,364	0.02	1,115	0.02	22,047	0.03	1,414,141	0.02	36,817	0.03	444,523	0.02
2027	1,417,313	444,523	0.12	316,213	0.10	60,375	0.01	617,023	0.04	49,000	0.02	168,916	0.03	179,503	0.04	103,425	0.03	24,376	0.03	8,364	0.02	1,115	0.02	22,047	0.03	1,414,141	0.02	36,817	0.03	444,523	0.02
2028	1,417,313	444,523	0.12	316,213	0.10	60,375	0.01	617,023	0.04	49,000	0.02	168,916	0.03	179,503	0.04	103,425	0.03	24,376	0.03	8,364	0.02	1,115	0.02	22,047	0.03	1,414,141	0.02	36,817	0.03	444,523	0.02
2029	1,417,313	444,523	0.12	316,213	0.10	60,375	0.01	617,023	0.04	49,000	0.02	168,916	0.03	179,503	0.04	103,425	0.03	24,376	0.03	8,364	0.02	1,115	0.02	22,047	0.03	1,414,141	0.02	36,817	0.03	444,523	0.02
2030	1,417,313	444,523	0.12	316,213	0.10	60,375	0.01	617,023	0.04	49,000	0.02	168,916	0.03	179,503	0.04	103,425	0.03	24,376	0.03	8,364	0.02	1,115	0.02	22,047	0.03	1,414,141	0.02	36,817	0.03	444,523	0.02
2031	1,417,313	444,523	0.12	316,213	0.10	60,375	0.01	617,023	0.04	49,000	0.02	168,916	0.03	179,503	0.04	103,425	0.03	24,376	0.03	8,364	0.02	1,115	0.02	22,047	0.03	1,414,141	0.02	36,817	0.03	444,523	0.02
2032	1,417,313	444,523	0.12	316,213	0.10	60,375	0.01	617,023	0.04	49,000	0.02	168,916	0.03	179,503	0.04	103,425	0.03	24,376	0.03	8,364	0.02	1,115	0.02	22,047	0.03	1,414,141	0.02	36,817	0.03	444,523	0.02
2033	1,417,313	444,523	0.12	316,213	0.10	60,375	0.01	617,023	0.04	49,000	0.02	168,916	0.03	179,503	0.04	103,425	0.03	24,376	0.03	8,364	0.02	1,115	0.02	22,047	0.03	1,414,141	0.02	36,817	0.03	444,523	0.02
2034	1,417,313	444,523	0.12	316,213	0.10	60,375	0.01	617,023	0.04	49,000	0.02	168,916	0.03	179,503	0.04	103,425	0.03	24,376	0.03	8,364	0.02	1,115	0.02	22,047	0.03	1,414,141	0.02	36,817	0.03	444,523	0.02
2035	1,417,313	444,523	0.12	316,213	0.10	60,375	0.01	617,023	0.04	49,000	0.02	168,916	0.03	179,503	0.04	103,425	0.03	24,376	0.03	8,364	0.02	1,115	0.02	22,047	0.03	1,414,141	0.02	36,817	0.03	444,523	0.02
2036	1,417,313	444,523	0.12	316,213	0.10	60,375	0.01	617,023	0.04	49,000	0.02	168,916	0.03	179,503	0.04	103,425	0.03	24,376	0.03	8,364	0.02	1,115	0.02	22,047	0.03	1,414,141	0.02	36,817	0.03	444,523	0.02
2037	1,417,313	444,523	0.12	316,213	0.10	60,375	0.01	617,023	0.04	49,000	0.02	168,916	0.03	179,503	0.04	103,425	0.03	24,376	0.03	8,364	0.02	1,115	0.02	22,047	0.03	1,414,141	0.02	36,817	0.03	444,523	0.02
2038	1,417,313	444,523	0.12	316,213	0.10	60,375	0.01	617,023	0.04	49,000	0.02	168,916	0.03	179,503	0.04	103,425	0.03	24,376	0.03	8,364	0.02	1,115	0.02	22,047	0.03	1,414,141	0.02	36,817	0.03	444,523	0.02
2039	1,417,313	444,523	0.12	316,213	0.10	60,375	0.01	617,023	0.04	49,000	0.02	168,916	0.03	179,503	0.04	103,425	0.03	24,376	0.03	8,364	0.02	1,115	0.02	22,047	0.03	1,414,141	0.02	36,817	0.03	444,523	0.02
2040	1,417,313	444,523	0.12	316,213	0.10	60,375	0.01	617,023	0.04	49,000	0.02	168,916	0.03	179,503	0.04	103,425	0.03	24,376	0.03	8,364	0.02	1,115	0.02	22,047	0.03	1,414,141	0.02	36,817	0.03	444,523	0.02
2041	1,417,313	444,523	0.12	316,213	0.10	60,375	0.01	617,023	0.04	49,000	0.02	168,916	0.03	179,503	0.04	103,425	0.03	24,376	0.03	8,364	0.02	1,115	0.02	22,047	0.03	1,414,141	0.02	36,817	0.03	444,523	0.02
2042	1,417,313	444,523	0.12	316,213	0.10	60,375	0.01	617,023	0.04	49,000	0.02	168,916	0.03	179,503	0.04	103,425	0.03	24,376	0.03	8,364	0.02	1,115	0.02	22,047	0.03	1,414,141	0.02	36,817	0.03	444,523	0.02
2043	1,417,313	444,523	0.12	316,213	0.10	60,375	0.01	617,023	0.04	49,000	0.02	168,916	0.03	179,503	0.04	103,425	0.03	24,376	0.03	8,364	0.02	1,115	0.02	22,047	0.03	1,414,141	0.02	36,817	0.03	444,523	0.02
2044	1,417,313	444,523	0.12	316,213	0.10	60,375	0.01	617,023	0.04	49,000	0.02	168,916	0.03	179,503	0.04	103,425	0.03	24,376	0.03	8,364	0.02	1,115	0.02	22,047	0.03	1,414,141	0.02	36,817	0.03	444,523	0.02
2045	1,417,313	444,523	0.12	316,213	0.10	60,375	0.01	617,023	0.04	49,000	0.02	168,916	0.03	179,503	0.04	103,425	0.03	24,376	0.03	8,364	0.02	1,115	0.02	22,047	0.03	1,414,141	0.02	36,817	0.03	444,523	0.02
2046	1,417,313	444,523	0.12	316,213	0.10	60,375	0.01	617,023	0.04	49,000	0.02	168,916	0.03	179,503	0.04	103,425	0.03	24,376	0.03	8,364	0.02	1,115	0.02	22,047	0.03	1,414,141	0.02	36,817	0.03	444,523	0.02
2047	1,417,313	444,523	0.12	316,213	0.10	60,375	0.01	617,023	0.04	49,000	0.02	168,916	0.03	179,503	0.04	103,425	0.03	24,376	0.03	8,364	0.02	1,115	0.02	22,047	0.03	1,414,141	0.02	36,817	0.03	444,523	0.02
2048	1,417,313	444,523	0.12	316,213	0.10	60,375	0.01	617,023	0.04	49,000	0.02	168,916	0.03	179,503	0.04	103,425	0.03	24,376	0.03	8,364	0.02	1,115	0.02	22,047	0.03	1,414,141	0.02	36,817	0.03	444,523	0.02
2049	1,417,313	444,523	0.12	316,213	0.10	60,375	0.01	617,023	0.04	49,000	0.02	168,916	0.03	179,503	0.04	103,425	0.03	24,376	0.03	8,364	0.02	1,115	0.02	22,047	0.03	1,414,141	0.02	36,817	0.03	444,523	0.02
2050	1,417,313	444,523	0.12	316,213	0.10	60,375	0.01	617,023	0.04	49,000	0.02	168,916	0.03	179,503	0.04	103,425	0.03	24,376	0.03	8,364	0.02	1,115	0.02	22,047	0.03	1,414,141	0.02	36,817	0.03	444,523	0.02
2051	1,417,313	444,523	0.12	316,213	0.10	60,375	0.01	617,023	0.04	49,000	0.02	168,916	0.03	179,503	0.04	103,425	0.03	24,376	0.03	8,364	0.02	1,115	0.02	22,047	0.03	1,414,141	0.02	36,817	0.03	444,523	0.02
2052	1,417,313	444,523	0.12	316,213	0.10	60,375	0.01	617,023	0.04	49,000	0.02	168,916	0.03	179,503	0.04	103,425	0.03	24,376	0.03	8,364	0.02	1,115	0.02	22,047	0.03	1,414,141	0.02	36,817	0.03	444,523	0.02
2053	1,417,313	444,523	0.12	316,213	0.10	60,375	0.01	617,023	0.04	49,000	0.02	168,916	0.03	179,503	0.04	103,425	0.03	24,376	0.03	8,364	0.02	1,115	0.02	22,047	0.03	1,414,141	0.02	36,817	0.03	444,523	0.02
2054	1,417,313	444,523	0.12	316,213	0.10	60,375	0.01	617,023	0.04	49,000	0.02	168,916	0.03	179,503	0.04	103,425	0.03	24,376	0.03	8,364	0.02	1,115	0.02	22,047	0.03	1,414,141	0.02	36,817	0.03	444,523	0.02
2055	1,417,313	444,523	0.12	316,213	0.10	60,375	0.01	617,023	0.04	49,000	0.02	168,916	0.03	179,503	0.04	103,425	0.03	24,376</													

Does not include estimated local share of project costs.

Cape Cod Regional Technical High School
Addition/Renovation/Demolition
Estimated Total Project Cost \$130,000,000
Est. 40% MSBA Reimbursement
EST. LEVEL DEBT SERVICE SCHEDULE

Year	Principal	Coupon	Interest	Total P+I
6/30/2020	-	5.00%	1,950,000	1,950,000
6/30/2021	1,150,000	5.00%	3,871,250	5,021,250
6/30/2022	1,205,000	5.00%	3,812,375	5,017,375
6/30/2023	1,270,000	5.00%	3,750,500	5,020,500
6/30/2024	1,335,000	5.00%	3,685,375	5,020,375
6/30/2025	1,405,000	5.00%	3,616,875	5,021,875
6/30/2026	1,475,000	5.00%	3,544,875	5,019,875
6/30/2027	1,550,000	5.00%	3,469,250	5,019,250
6/30/2028	1,630,000	5.00%	3,389,750	5,019,750
6/30/2029	1,715,000	5.00%	3,306,125	5,021,125
6/30/2030	1,800,000	5.00%	3,218,250	5,018,250
6/30/2031	1,895,000	5.00%	3,125,875	5,020,875
6/30/2032	1,990,000	5.00%	3,028,750	5,018,750
6/30/2033	2,095,000	5.00%	2,926,625	5,021,625
6/30/2034	2,200,000	5.00%	2,819,250	5,019,250
6/30/2035	2,315,000	5.00%	2,706,375	5,021,375
6/30/2036	2,430,000	5.00%	2,587,750	5,017,750
6/30/2037	2,555,000	5.00%	2,463,125	5,018,125
6/30/2038	2,685,000	5.00%	2,332,125	5,017,125
6/30/2039	2,825,000	5.00%	2,194,375	5,019,375
6/30/2040	2,970,000	5.00%	2,049,500	5,019,500
6/30/2041	3,120,000	5.00%	1,897,250	5,017,250
6/30/2042	3,280,000	5.00%	1,737,250	5,017,250
6/30/2043	3,450,000	5.00%	1,569,000	5,019,000
6/30/2044	3,630,000	5.00%	1,392,000	5,022,000
6/30/2045	3,815,000	5.00%	1,205,875	5,020,875
6/30/2046	4,010,000	5.00%	1,010,250	5,020,250
6/30/2047	4,215,000	5.00%	804,625	5,019,625
6/30/2048	4,430,000	5.00%	588,500	5,018,500
6/30/2049	4,660,000	5.00%	361,250	5,021,250
6/30/2050	4,895,000	5.00%	122,375	5,017,375
Total	78,000,000		74,536,750	152,536,750

Cape Cod Regional Technical High School Addition/Renovation

MIDDLE SCHOOL STUDIES ENROLLMENT	
Team of Barnstable	112
Team of Brewster	49
Team of Chatham	11
Team of Dukes	76
Team of Eschschia	18
Team of Harvard	73
Team of Massapee	33
Team of Ocala	13
Team of Provincetown	3
Team of Tuxedo	4
Team of Wadsworth	2
Team of Vermont	141
TOTAL ENROLLMENT:	611

Total Project Costs	1	175,000,000
USDA Reimbursement Level	1	44,550,000
Off-farm Local Share of Project Costs	1	71,000,000
Projected Bonds raised		167,250
Projected Interest Rate on REVENUE Bonds		5.82%

	1996-1997
Brownsville	15,644,432,266
Brownsville	2,426,835,812
Chattanooga	8,233,316,448
Chattanooga	4,317,691,650
Dayton	2,325,337,148
Dayton	4,914,907,905
Dayton	4,755,906,628
Dayton	3,271,901,518
Dayton	2,619,346,642
Dayton	1,958,216,200
Dayton	2,343,430,148
Dayton	2,444,430,148
Dayton	5,469,918,153

[illegible][illegible]

Cape Cod Regional Technical High School
 Addition/Renovation
 Estimated Total Project Cost \$120,000,000
 Est. 40% MSBA Reimbursement
 EST. LEVEL DEBT SERVICE SCHEDULE

Year	Principal	Coupon	Interest	Total P+I
6/30/2020	-	5.00%	1,800,000	1,800,000
6/30/2021	1,060,000	5.00%	3,573,500	4,633,500
6/30/2022	1,115,000	5.00%	3,519,125	4,634,125
6/30/2023	1,170,000	5.00%	3,462,000	4,632,000
6/30/2024	1,230,000	5.00%	3,402,000	4,632,000
6/30/2025	1,295,000	5.00%	3,338,875	4,633,875
6/30/2026	1,360,000	5.00%	3,272,500	4,632,500
6/30/2027	1,430,000	5.00%	3,202,750	4,632,750
6/30/2028	1,505,000	5.00%	3,129,375	4,634,375
6/30/2029	1,580,000	5.00%	3,052,250	4,632,250
6/30/2030	1,665,000	5.00%	2,971,125	4,636,125
6/30/2031	1,750,000	5.00%	2,885,750	4,635,750
6/30/2032	1,840,000	5.00%	2,796,000	4,636,000
6/30/2033	1,930,000	5.00%	2,701,750	4,631,750
6/30/2034	2,030,000	5.00%	2,602,750	4,632,750
6/30/2035	2,135,000	5.00%	2,498,625	4,633,625
6/30/2036	2,245,000	5.00%	2,389,125	4,634,125
6/30/2037	2,360,000	5.00%	2,274,000	4,634,000
6/30/2038	2,480,000	5.00%	2,153,000	4,633,000
6/30/2039	2,610,000	5.00%	2,025,750	4,635,750
6/30/2040	2,740,000	5.00%	1,892,000	4,632,000
6/30/2041	2,885,000	5.00%	1,751,375	4,636,375
6/30/2042	3,030,000	5.00%	1,603,500	4,633,500
6/30/2043	3,185,000	5.00%	1,448,125	4,633,125
6/30/2044	3,350,000	5.00%	1,284,750	4,634,750
6/30/2045	3,520,000	5.00%	1,113,000	4,633,000
6/30/2046	3,700,000	5.00%	932,500	4,632,500
6/30/2047	3,890,000	5.00%	742,750	4,632,750
6/30/2048	4,090,000	5.00%	543,250	4,633,250
6/30/2049	4,300,000	5.00%	333,500	4,633,500
6/30/2050	4,520,000	5.00%	113,000	4,633,000
Total	72,000,000		68,808,000	140,808,000

Renovation

41-42

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

Clark and Phares have applied their

Death service location based on 7/20/15 email from family

- Blomdy's perfect entry estimation based on knowledge of project costs.

- Blomdy's perfectly correct estimation based on her of project costs.

- Blomdy's perfectly correct estimation based on her of project costs.

**Cape Cod Regional Technical High School
Renovation
Estimated Total Project Cost \$105,000,000
Est. 40% MSBA Reimbursement
EST. LEVEL DEBT SERVICE SCHEDULE**

Year	Principal	Coupon	Interest	Total P+I
6/30/2020	-	5.00%	1,575,000	1,575,000
6/30/2021	930,000	5.00%	3,126,750	4,056,750
6/30/2022	975,000	5.00%	3,079,125	4,054,125
6/30/2023	1,025,000	5.00%	3,029,125	4,054,125
6/30/2024	1,080,000	5.00%	2,976,500	4,056,500
6/30/2025	1,135,000	5.00%	2,921,125	4,056,125
6/30/2026	1,190,000	5.00%	2,863,000	4,053,000
6/30/2027	1,250,000	5.00%	2,802,000	4,052,000
6/30/2028	1,315,000	5.00%	2,737,875	4,052,875
6/30/2029	1,385,000	5.00%	2,670,375	4,055,375
6/30/2030	1,455,000	5.00%	2,599,375	4,054,375
6/30/2031	1,530,000	5.00%	2,524,750	4,054,750
6/30/2032	1,610,000	5.00%	2,446,250	4,056,250
6/30/2033	1,690,000	5.00%	2,363,750	4,053,750
6/30/2034	1,775,000	5.00%	2,277,125	4,052,125
6/30/2035	1,870,000	5.00%	2,186,000	4,056,000
6/30/2036	1,965,000	5.00%	2,090,125	4,055,125
6/30/2037	2,065,000	5.00%	1,989,375	4,054,375
6/30/2038	2,170,000	5.00%	1,883,500	4,053,500
6/30/2039	2,280,000	5.00%	1,772,250	4,052,250
6/30/2040	2,400,000	5.00%	1,655,250	4,055,250
6/30/2041	2,520,000	5.00%	1,532,250	4,052,250
6/30/2042	2,650,000	5.00%	1,403,000	4,053,000
6/30/2043	2,785,000	5.00%	1,267,125	4,052,125
6/30/2044	2,930,000	5.00%	1,124,250	4,054,250
6/30/2045	3,080,000	5.00%	974,000	4,054,000
6/30/2046	3,240,000	5.00%	816,000	4,056,000
6/30/2047	3,405,000	5.00%	649,875	4,054,875
6/30/2048	3,580,000	5.00%	475,250	4,055,250
6/30/2049	3,760,000	5.00%	291,750	4,051,750
6/30/2050	3,955,000	5.00%	98,875	4,053,875
Total	63,000,000		60,201,000	123,201,000

Total Project Costs:	\$	43,000,000
MSGA Reimbursement Level:	\$	26,000,000
District's Local Share of Project Costs:	<u>17,000,000</u>	
Prepared Bonds Offered:		10,615,750
Projected Interest Rate on 10/15/19 Bonds:		3.500%

[illegible]

Period	Equated Net Total Debt Service	REMITTANCE			INTEREST			PRINCIPAL			TAXES			OTHERS			PROFIT/LOSS			TOTAL										
		Remittance Fee Service Provision	Remittance Fee Service Provision per \$1,000	Remittance Fee Service Provision	Interest Fee Service Provision	Interest Fee Service Provision per \$1,000	Interest Fee Service Provision	Principal Fee Service Provision	Principal Fee Service Provision per \$1,000	Principal Fee Service Provision	Tax Fee Service Provision	Tax Fee Service Provision per \$1,000	Tax Fee Service Provision	Other Fee Service Provision	Other Fee Service Provision per \$1,000	Other Fee Service Provision	Profit/Loss Fee Service Provision	Profit/Loss Fee Service Provision per \$1,000	Profit/Loss Fee Service Provision	Total Fee Service Provision	Total Fee Service Provision per \$1,000	Total Fee Service Provision								
2020	975,000	272,317	0.02	67,340	0.02	17,253	0.00	119,920	0.02	29,743	0.01	118,352	0.02	31,653	0.02	20,515	0.01	47,331	0.02	1,509	0.00	11,044	0.00	222,451	0.02	57,803	0.06	17,002	0.00	17,002
2021	975,000	272,317	0.02	67,340	0.02	17,253	0.00	119,920	0.02	29,743	0.01	118,352	0.02	31,653	0.02	20,515	0.01	47,331	0.02	1,509	0.00	11,044	0.00	222,451	0.02	57,803	0.06	17,002	0.00	17,002
2022	975,000	272,317	0.02	67,340	0.02	17,253	0.00	119,920	0.02	29,743	0.01	118,352	0.02	31,653	0.02	20,515	0.01	47,331	0.02	1,509	0.00	11,044	0.00	222,451	0.02	57,803	0.06	17,002	0.00	17,002
2023	975,000	272,317	0.02	67,340	0.02	17,253	0.00	119,920	0.02	29,743	0.01	118,352	0.02	31,653	0.02	20,515	0.01	47,331	0.02	1,509	0.00	11,044	0.00	222,451	0.02	57,803	0.06	17,002	0.00	17,002
2024	975,000	272,317	0.02	67,340	0.02	17,253	0.00	119,920	0.02	29,743	0.01	118,352	0.02	31,653	0.02	20,515	0.01	47,331	0.02	1,509	0.00	11,044	0.00	222,451	0.02	57,803	0.06	17,002	0.00	17,002
2025	975,000	272,317	0.02	67,340	0.02	17,253	0.00	119,920	0.02	29,743	0.01	118,352	0.02	31,653	0.02	20,515	0.01	47,331	0.02	1,509	0.00	11,044	0.00	222,451	0.02	57,803	0.06	17,002	0.00	17,002
2026	975,000	272,317	0.02	67,340	0.02	17,253	0.00	119,920	0.02	29,743	0.01	118,352	0.02	31,653	0.02	20,515	0.01	47,331	0.02	1,509	0.00	11,044	0.00	222,451	0.02	57,803	0.06	17,002	0.00	17,002
2027	975,000	272,317	0.02	67,340	0.02	17,253	0.00	119,920	0.02	29,743	0.01	118,352	0.02	31,653	0.02	20,515	0.01	47,331	0.02	1,509	0.00	11,044	0.00	222,451	0.02	57,803	0.06	17,002	0.00	17,002
2028	975,000	272,317	0.02	67,340	0.02	17,253	0.00	119,920	0.02	29,743	0.01	118,352	0.02	31,653	0.02	20,515	0.01	47,331	0.02	1,509	0.00	11,044	0.00	222,451	0.02	57,803	0.06	17,002	0.00	17,002
2029	975,000	272,317	0.02	67,340	0.02	17,253	0.00	119,920	0.02	29,743	0.01	118,352	0.02	31,653	0.02	20,515	0.01	47,331	0.02	1,509	0.00	11,044	0.00	222,451	0.02	57,803	0.06	17,002	0.00	17,002
2030	975,000	272,317	0.02	67,340	0.02	17,253	0.00	119,920	0.02	29,743	0.01	118,352	0.02	31,653	0.02	20,515	0.01	47,331	0.02	1,509	0.00	11,044	0.00	222,451	0.02	57,803	0.06	17,002	0.00	17,002
2031	975,000	272,317	0.02	67,340	0.02	17,253	0.00	119,920	0.02	29,743	0.01	118,352	0.02	31,653	0.02	20,515	0.01	47,331	0.02	1,509	0.00	11,044</								

- Assumptions:
 - Barnardo and Proulx claim have 5% tax rate. Allevated was from 8% to 0%
 - Unit service provision based on FY2016 enrollment figures
 - Bowls structured on a level debt service basis for a 25-year term of 30 years
 - Bonds reflect only estimated local share of project costs

**Cape Cod Regional Technical High School
Base Renovations
Estimated Total Project Cost \$85,000,000
Est. 40% MSBA Reimbursement
EST. LEVEL DEBT SERVICE SCHEDULE**

Year	Principal	Coupon	Interest	Total P+I
6/30/2020	-	5.00%	975,000	975,000
6/30/2021	575,000	5.00%	1,935,625	2,510,625
6/30/2022	605,000	5.00%	1,906,125	2,511,125
6/30/2023	635,000	5.00%	1,875,125	2,510,125
6/30/2024	665,000	5.00%	1,842,625	2,507,625
6/30/2025	700,000	5.00%	1,808,500	2,508,500
6/30/2026	740,000	5.00%	1,772,500	2,512,500
6/30/2027	775,000	5.00%	1,734,625	2,509,625
6/30/2028	815,000	5.00%	1,694,875	2,509,875
6/30/2029	855,000	5.00%	1,653,125	2,508,125
6/30/2030	900,000	5.00%	1,609,250	2,509,250
6/30/2031	945,000	5.00%	1,563,125	2,508,125
6/30/2032	995,000	5.00%	1,514,625	2,509,625
6/30/2033	1,045,000	5.00%	1,463,625	2,508,625
6/30/2034	1,100,000	5.00%	1,410,000	2,510,000
6/30/2035	1,155,000	5.00%	1,353,625	2,508,625
6/30/2036	1,215,000	5.00%	1,294,375	2,509,375
6/30/2037	1,280,000	5.00%	1,232,000	2,512,000
6/30/2038	1,345,000	5.00%	1,166,375	2,511,375
6/30/2039	1,415,000	5.00%	1,097,375	2,512,375
6/30/2040	1,485,000	5.00%	1,024,875	2,509,875
6/30/2041	1,560,000	5.00%	948,750	2,508,750
6/30/2042	1,640,000	5.00%	868,750	2,508,750
6/30/2043	1,725,000	5.00%	784,625	2,509,625
6/30/2044	1,815,000	5.00%	696,125	2,511,125
6/30/2045	1,905,000	5.00%	603,125	2,508,125
6/30/2046	2,005,000	5.00%	505,375	2,510,375
6/30/2047	2,110,000	5.00%	402,500	2,512,500
6/30/2048	2,215,000	5.00%	294,375	2,509,375
6/30/2049	2,330,000	5.00%	180,750	2,510,750
6/30/2050	2,450,000	5.00%	61,250	2,511,250
Total	39,000,000		37,273,000	76,273,000



Annual Report to the Board of Selectmen
Fiscal Year 2015

MashpeeTV

Mashpee Community Media Center, Inc.
168 Industrial Drive
Mashpee, MA 02649
(774) 228-2353
www.mashpeeTV.com

Table of Contents

Introduction	3
Form PC	4
Year End Statement	5
2015 Budget to Actual	6
2016 Budget	7
Projected Budgets 2017-19	8
Hours of Programming 2015	9-13
Notable Events, Acquisitions, Training 2015	13-14
Appendices	
-Appendix A and A-1 -Form PC and Corporate Tax Returns-2015	
-Appendix B	Year End Financial Statements
-Appendix C	2015 Budget to Actual Report
-Appendix D	2016 Projected Budget
-Appendix E	2017-2019 Projected Budgets

Introduction

In accordance with the agreement between the Town of Mashpee and Mashpee Community Media Center, Inc. (the Access Corporation), the Board of Directors of the Access Corporation is pleased to submit the Annual Report to the Board of Selectmen for Fiscal Year 2015. It is noted that, unlike municipal government, the fiscal year for the Access Corporation is a calendar year ending on December 31. Except where noted, the information provided in this report is for the period commencing January 1, 2015 and ending on December 31, 2015.

For purposes of this report, Mashpee Community Media Center, Inc. (the Access Corporation) is referred to by its d/b/a, MashpeeTV (MTV).

The above cited agreement specifies that MTV annually provide the Board of Selectmen with the following:

- A copy of the Access Corporation's most recent Annual Report (Form PC) filed with the Attorney General's Office
- Year end financial statements, compiled and reviewed by an independent CPA
- Previous year's budget and actual expenditures summaries
- Upcoming year's budget
- Three Year Budget Plan
- Hours of programming and cablecast by categories of public, education and government programming categories
- Notable Events, Actions and Programs
- Training classes offered and attendance thereto
- The Access Corporation's Policies and Procedures, with any changes thereto from the previous year highlighted

The above information is provided through the subsequent pages of this report.

Respectively submitted by the Board of Directors:

John Fulone, *President*

James Vaccaro

Bradford Sweet, *Vice President*

Trish Keliinui

Chris Ball, *Treasurer*

Mary LeClair

Patrick Brady, Esq., *Clerk*

Wayne Taylor

Robert Cobuzzi

ANNUAL REPORT TO THE ATTORNEY GENERAL

FORM PC

A complete copy of Form PC, as submitted, is provided in Appendix A. Also provided in Appendix A-1 are the Corporate Tax Returns for 2015.

YEAR END FINANCIAL STATEMENTS

MTV retained the services of Stephen C. D'Alonzo, Certified Public Accountant, to conduct a complete financial review relating to financial and fiduciary matters and functions of MTV for Fiscal Year 2015.

The report of the Certified Public Accountant is provided in Appendix B.

2015 BUDGET TO ACTUAL EXPENDITURES

Summary

MTV received a total of \$400,500.00 in Comcast funding including \$355,743.00 as 3.5% of PEG Access franchise fees and \$44,758.00 in Capital Equipment Grant from Comcast.

MTV received \$45,135.00 in additional revenue for a grand total of \$445,640.00

Total expenses for 2015 were \$367,023.00, leaving a net revenue of \$77,484.00.

Please refer to Appendix C.

OPERATING BUDGET for 2016

The operating budget for the current fiscal year is provided. Starting in 2015 MTV has moved to a new and detailed budget outlining general operating expenses and basic equipment expenditures. All large capital improvements as related to equipment and/or the facility are proposed and voted on by the MTV Board of Directors. This new budgetary structure allows for easier tracking of income and expenses year over year.

It is noted that income from Comcast is an estimate based on the past year's experience. The quarterly payments vary depending on Comcast's income from cable services for the previous quarter. Thus, due to the considerable seasonality of the community, the amount the Town receives varies from quarter to quarter.

This budget is included in Appendix D.

PROJECTED OPERATING BUDGETS FOR 2017 - 2019

Projected budgets for the following three years are provided. It is noted that these budgets are based on the new 2015 budget structure and will be adjusted as MTV grows and matures.

Please refer to Appendix E.

HOURS of PROGRAMMING

Original First Run Programming Tally for 2015

- Public – Approximately 16 hours of original first-run programs
- Government – Approximately 110 hours of original first-run programs
- Educational – Approximately 69 hours of original first-run programs

Original Public Programming Produced by MashpeeTV for Channel 99 –

Partial List:

Children's Museum Videos

Veterans Day-also LIVE on Channel 18

Mens Club

-Awards -1

-Monthly lectures-6

Pow Wow

Mashpee Commons Events

-LaTravola Dinner

-Seaside Le Mans

-Octoberfest

Pumpkin patch video and promo

Mashpee Chamber of Commerce

-Annual Meeting Video

-Fall Special Meeting

-Girls and Dolls Christmas Season Kick-off

-PSA for Holiday shopping and Parade

-Christmas Parade

Old School House video -Historic Commission

Series-"There's Something About Mashpee" 4 episodes

Hockey MHSvsMPD

Christmas Tree Lighting

Original Government Programming Produced by MashpeeTV for Channel

18 – *Partial List:*

Town Meetings (May and October)

Election Coverage

Candidates Debates

Town Manager Swearing In

Regular Meeting coverage:

Affordable Housing 4

Board of Selectmen 12

Board of Health 5

Conservation Commission 5

Finance Committee 7

Planning Board	9
Sewer Commission	4
Zoning Board of Appeals	6
Total meetings covered	52

Original Educational Programming Produced by MashpeeTV for Channel 22 – Partial List:

Mashpee School Committee-17 meetings
Mashpee High School Sports-All home Football Games including playoffs and Superbowl, Girls Lacrosse, Working for You -2 Episodes
Chrome Book Roll Out
PSA-Don't Text and Drive
PSA-Mass Dot, Safe streets video
STEM Night coverage -Quashnet
Production of School Concert (Ensemble)
College Choice Video/Guidance Dept.
Credit For Life / News Package
Prom Drinking and Driving Video
MHS Award Night Video
Graduation 2015
Most wonderful time of year (Hyde, DeBoer)
Kett College Financial aide
Mashpee High School Mass Cue
Construction Career Day
Quashnet Veterans Day Video
Senator Kirk Visits Mashpee High School
Kirk News Spot
MHS Choir x-mas tree lighting park NEWS SPOT
All Sports Night Video
Mashpee Middle high Arts&Music festival
6-Foundations lessons Coombs
Program of studies video
Dance for Cancer awareness promo
Dance for Cancer awareness Highlight Video
Wizard of oz Video MHS
Meet the makers videos
Higher Ed faire video
Amp it Up challange video
School Concerts x4
Kcc Coombs Spring Musical
Kids Club Video
MHS Graduation
Scholarship Night
Class Day
National Honor Society video
Fall Sports award video
Financial Aide Video
Othello Videos x4
Mashpee Schools Open House Video

New local origination and access programming produced and provided by members of the community were approximately 195 hours.

Channel 99 also broadcast a variety public affairs programs produced by other local access stations totaling about 18 hours. Channel 99 also broadcast about 10 hours of programming produced independently by Cape Codders and other non-profit producing entities. Channel 18 broadcast over 110 hours of Mashpee Board, Committee and Town Meetings.

The approximate total hours of cable broadcasting over Mashpee TV Channels 99, 18 and 22 during 2015 was 223 hours of first run programs.

NOTABLE EVENTS - 2015

MTV operated for the first 6 months of 2015 being staffed by Station Manager Peter Zawadzki and Production Coordinator, Rafal Kowalczyk, with Shane Kinsman hired as Education Channel Coordinator to oversee the activities of production and training at the Mashpee Public Schools. The second half saw the resignation of Peter Zawadzki as Station Manager and the hiring of Bill Nay as the General Manager. Rafal Kowalczyk left in October of 2015 but continued to help with the transition on a part time basis through the end of 2015. Additional staff was recruited in the fall to help facilitate additional programming.

- Resignation of Peter Zawadzki as Station Manager
- Hired William Nay as new Station Manager
- Upgraded Government Control Room cameras and switching equipment
- Worked with Town on live stream of meetings
- Took over the Channel 18 Bulletin Board production
- Assumed control of meeting contractors
- Broadcast Town Meeting live with multi cam production
- MTV continued production of local HS sports
- Continued work with Schools -After School Video Club
- Increased amount of other school programming
- Made improvements to School Committee productions at Quash-net School
- Established a new partnership with School Department
- Worked with School Superintendent in producing multiple episodes of "Working for You"
- Received Statewide honors for PSA's produced by students
- Partnered with iCape Solutions for trainings
- Followed up on community partnerships with the following:
 - o Boys&Girls Club
 - o Cape Cod Children's Museum
 - o Mashpee Wampanoag Tribe
 - o iCape Solutions
 - o Mashpee Chamber of Commerce

- Broadcast the Annual Mashpee Christmas Parade
- Increased online and social media presence
- Continued building a presence and provided coverage for many local events and activities

Acquisitions and Improvements of Note:

Government Control Room:

- New HDD recording
- New HD Cameras installed
- New HD switching and graphics installed
- Live stream of all televised meetings in cooperation with Mashpee IT Dept.
- Town Bulletin Board Upgrade

Purchased new Switcher for remote productions

TRAINING CLASSES - 2015

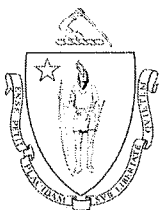
- There were 12 participants if training classes held during 2015
- There were also one on one lessons for members
- There were weekly classes held by iCape at MTV

POLICIES & PROCEDURES

There are no changes to the MTV Policy and Procedures Manual previously submitted.



APPENDIX A
FORM PC



MAURA HEALEY
ATTORNEY GENERAL

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION

ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 01/01/2015 to 12/31/2015

Attorney General's Account #: 055250

Federal ID #: 45-4985116

Electronic Payment Confirmation #: _____

When did the organization first engage in charitable work in Massachusetts? 04/06/2012

Has the organization applied for or been granted IRS tax exempt status? ☒ Yes ☐ No

If yes, date of application **OR** date of determination letter: 04/06/2012

IRS Exemption under 501(c): 3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? ☒ Yes ☐ No

**Check all items attached
(if applicable)**

- ☒ Filing Fee or
Electronic Payment
Confirmation #
- ☒ Copy of IRS Return
- ☒ Audited Financial
Statements/Review
- ☐ Amended Articles/
By-Laws
- ☒ Schedule A-1
- ☒ Schedule A-2
- ☐ Schedule RO
- ☐ Probate Account

Organization Data

Name: MASHPEE COMMUNITY MEDIA CENTER, INC.

Mailing Address: PO BOX 400

City: MASHPEE State: MA Zip: 02649

Phone Number: 774-228-2353 Fax Number: _____

Email: _____ Website: www.mashpeetv.com

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions.
Enter **up to 2** codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	<u>1</u>	Organization Purpose Code 1	<u>8</u>
Type of Organization (Table 2)	<u>23</u>	Organization Purpose Code 2	<u>55</u>

Please check box if final return prior to dissolution: ☐

Office Use Only: Payment Received

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. On what date was the organization created? 04/06/2012

2. Where was the organization created? MASHPEE, MA

3. What is the form of organization? (check one)

Corporation	<input checked="" type="checkbox"/>	Testamentary Trust	<input type="checkbox"/>
Unincorporated Association	<input type="checkbox"/>	Inter Vivos Trust	<input type="checkbox"/>

Other (please describe): _____

4. Was your organization related to any other organization(s) during the reporting year (see definition "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14. ☐ Yes ☒ No

5. Enter your summary of financial data:

	Financial Data	Amounts
A.	Contributions, gifts, grants, and similar amounts received	445636
B.	Gross support and revenue	447795
C.	Program services and similar amounts paid out	351031
D.	Fundraising expenses	0
E.	Management and general expenses	15992
F.	Payments to affiliates	0
G.	Total expenses	367023
H.	Net assets or fund balances at the end of the year	828116

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	SHANE KINSMAN, PROGRAMMING	40	48142	0	0
2.	RAFAL KOWALCZYK, PROGRAMMING	40	42100	0	0
3.	PETER ZAWADZKI, PROGRAMMING MGR	40	44711	0	0
4.	WILLIAM NAY, PROGRAMMING MGR	40	21000	0	0
5.					

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet). ☐ Yes ☒ No

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	WILLIAM NAY, PROGRAMMING CONSULTANT	8100	CONSULTING
2.			
3.			
4.			
5.			

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number):

Bank	Address	Phone Number
CO OPERATIVE BANK OF CAPE COD	649 MAIN STREET FALMOUTH, MA 02540	508-495-5010

10. What is the organization's accounting method? ☐ Cash ☒ Accrual
☐ Other specify): _____

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: 168 INDUSTRIAL DRIVE

City: MASHPEE State: MA Zip Code: 02649

12. Contact Person Name: WILLIAM NAY

Street Address: 168 INDUSTRIAL DRIVE

City: MASHPEE State: MA Zip Code: 02649

Phone Number: 774-228-2353

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? ☒ Yes ☐ No
14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? ☒ Yes ☐ No

If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	<input type="checkbox"/>
an organization which: (a) does not raise more than \$5,000 during a calendar year Or does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. [The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.]	<input type="checkbox"/>

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates. NONE.
17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization. SEE ATTACHED.
18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records. SEE ATTACHED.
19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? ☐ Yes ☒ No
- If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.*

20. Has this organization or any of its officers, directors, or employees:

If yes, please attach an explanation.

- (a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? ☐ Yes ☒ No
- (b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? ☐ Yes ☒ No
- (c) Been the subject of a proceeding regarding any solicitation or registration? ☐ Yes ☒ No
- (d) Entered into a voluntary agreement of compliance or consent judgment with, any government agency or in a case before a court or administrative agency? ☐ Yes ☒ No

21. Have any restrictions been removed during the year from donor-restricted funds?

If yes, please attach an explanation.

☐ Yes ☒ No

22. Have donor-restricted funds been loaned to unrestricted funds?

If yes, please attach an explanation.

☐ Yes ☒ No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (*see instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

- (a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? ☐ Yes ☒ No
- (b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? ☐ Yes ☒ No

If you answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver or interest not otherwise reported).

If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

During the year:			
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachment, is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: _____

Title: _____

Name of Preparer: STEPHEN DALONZO CPA

Address PO BOX 1499

City MASHPEE State MA Zip Code 02649

Phone Number 508-477-6566

Schedule A-1

Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

MASHPEE TV

Types of solicitation activities in which you expect to engage (*check all that apply*):

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

☐ Other *specify*): _____

Identify the method or methods you expect to use for the fundraising (*check all that apply*):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: N/A

Address _____

City _____ State _____ Zip Code _____

Professional Fundraising Counsel Name: N/A

Address _____

City _____ State _____ Zip Code _____

Commercial Co-Venturer Name: N/A

Address _____

City _____ State _____ Zip Code _____

Schedule A-1 ctd.
Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Name and Title: JOHN FULONE, PRESIDENT

Address 3 SADDLEBACK ROAD

City MASHPEE State MA Zip Code 02649

Name and Title: BRADFORD SWEET, VICE PRESIDENT

Address 13 AMY BROWN ROAD

City MASHPEE State MA Zip Code 02649

Name and Title: CHRIS BALL, TREASURER

Address 83 QUINAQUISSET AVENUE

City MASHPEE State MA Zip Code 02649

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

Name and Title: JOHN FULONE, PRESIDENT

Address 3 SADDLEBACK ROAD

City MASHPEE State MA Zip Code 02649

Name and Title: BRADFORD SWEET, VICE PRESIDENT

Address 13 AMY BROWN ROAD

City MASHPEE State MA Zip Code 02649

Name and Title: CHRIS BALL, TREASURER

Address 83 QUINAQUISSET AVENUE

City MASHPEE State MA Zip Code 02649

Schedule A-2

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

MASHPEE TV

Types of solicitation activities in which you expect to engage (*check all that apply*):

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

☐ Other *specify*: _____

Identify the method or methods you expect to use for the fundraising (*check all that apply*):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: N/A

Address _____

City _____ State _____ Zip Code _____

Professional Fundraising Counsel Name: N/A

Address _____

City _____ State _____ Zip Code _____

Commercial Co-Venturer Name: N/A

Address _____

City _____ State _____ Zip Code _____

Schedule A-2 ctd.
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Name and Title: JOHN FULONE, PRESIDENT
Address 3 SADDLEBACK ROAD
City MASHPEE State MA Zip Code 02649

Name and Title: BRADFORD SWEET, VICE PRESIDENT
Address 13 AMY BROWN ROAD
City MASHPEE State MA Zip Code 02649

Name and Title: CHRIS BALL, TREASURER
Address 83 QUINAQUISSET AVENUE
City MASHPEE State MA Zip Code 02649

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

Name and Title: JOHN FULONE, PRESIDENT
Address 3 SADDLEBACK ROAD
City MASHPEE State MA Zip Code 02649

Name and Title: BRADFORD SWEET, VICE PRESIDENT
Address 13 AMY BROWN ROAD
City MASHPEE State MA Zip Code 02649

Name and Title: CHRIS BALL, TREASURER
Address 83 QUINAQUISSET AVENUE
City MASHPEE State MA Zip Code 02649

Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature: _____ Date: _____

Printed Name: _____

Title: _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____

Schedule RO

1. Please read the instructions and definition of "Related Organization" carefully before completing this section.
(If you have more than five Related Organizations, please attach a list.)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Schedule RO ctd.

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g., executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, above, receiving the highest aggregate compensation (*see instructions*). Use additional lines below to itemize by compensation source.

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions?

☐ Yes ☐ No

FORM PC
MASHPEE COMMUNITY MEDIA CENTER, INC.
PAGE 4, LINE 17 & 18
12/31/2015

	<u>CUSTODY OF FUNDS</u>	<u>DISTRIBUTION OF FUNDS</u>	<u>FUNDRAISING</u>	<u>CUSTODY OF FINANCIAL RECORDS</u>	<u>AUTHORIZED TO SIGN CHECKS</u>
<u>PRESIDENT</u> JOHN FULONE 3 SADDLEBACK ROAD MASHPEE, MA 02649	X	X	X		
<u>VICE PRESIDENT</u> BRADFORD SWEET 13 AMY BROWN ROAD MASHPEE, MA 02649	X	X	X		X
<u>TREASURER</u> CHRIS BALL 83 QUINAQUISSET AVENUE MASHPEE, MA 02649	X	X	X	X	X
<u>DIRECTOR</u> JAMES VACCARO 4 MIZZENMAST MASHPEE, MA 02649		X	X	X	X
<u>CLERK</u> PATRICK BRADY 24 STRATFORD RIDGE MASHPEE, MA 02649			X		
<u>DIRECTOR</u> ROBERT COBUZZI 14 TROON PLACE MASHPEE, MA 02649			X		
<u>DIRECTOR</u> PATRICIA KELIINUI 63 RED BROOK ROAD MASHPEE, MA 02649			X		
<u>DIRECTOR</u> WAYNE TAYLOR 16 MEADOW HAVEN DRIVE MASHPEE, MA 02649			X		
<u>DIRECTOR</u> MARY LECLAIR 60 QUINAQUISSET AVE MASHPEE, MA 02649			X		



APPENDIX A-1
TAX RETURNS

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning , 2015, and ending ,			
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MASHPEE COMMUNITY MEDIA CENTER INC		D Employer identification number 45-4985116
	Doing business as MASHPEE TV		E Telephone number (774) 228-2353
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 400		
	City or town, state or province, country, and ZIP or foreign postal code MASHPEE MA 02649		G Gross receipts \$ 447,795.
	F Name and address of principal officer: JAMES VACCARO 168 INDUSTRIAL DRIVE MASHPEE MA 02649		
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list, (see instructions)
J Website: ▶ www.mashpeetv.com			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2012	M State of legal domicile: MA

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PRODUCE COMMUNITY TELEVISION PROGRAMMING FOR RESIDENTS AND ORGANIZATIONS OF MASHPEE, MA	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5
	6	Total number of volunteers (estimate if necessary)	6
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	379,470.
	9	Program service revenue (Part VIII, line 2g)	445,636.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	320.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,822.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	395,612.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	144,519.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	216,048.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	146,131.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	150,975.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	290,650.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	367,023.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	104,962.
	20	Total assets (Part X, line 16)	777,956.
	21	Total liabilities (Part X, line 26)	47,310.
	22	Net assets or fund balances. Subtract line 21 from line 20	730,646.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date	
	JOHN FULONE Type or print name and title.	PRESIDENT	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	STEPHEN C. D'ALONZO CPA		
	Firm's name ▶ STEPHEN C. D'ALONZO CPA	Check <input checked="" type="checkbox"/> if self-employed PTIN	
	Firm's address ▶ PO BOX 1499 MASHPEE MA 02649-1499	Firm's EIN ▶ (508) 477-6566	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0101 10/12/15 Form 990 (2015)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

PRODUCE COMMUNITY TELEVISION
PROGRAMMING FOR RESIDENTS AND ORGANIZATIONS OF MASHPEE, MA

2 Did the organization undertake any significant program services during the year which were not listed on the priorForm 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4 a** (Code:) (Expenses \$ 351,031. including grants of \$ 0.) (Revenue \$ 445,636.)

EXPENSES IN CONNECTION WITH PROVIDING SERVICES FOR "MASHPEE TV"
THE PRODUCTION OF COMMUNITY TELEVISION PROGRAMMING THROUGH ACCESS CHANNELS
FOR THE ENTIRE MASHPEE CABLE NETWORK SYSTEM.
PRODUCE PUBLIC, EDUCATIONAL & GOVERNMENT PROGRAMMING.
PROVIDE TRAINING TO MASHPEE RESIDENTS AND INSTITUTIONS.

4 b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4 c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4 d** Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4 e Total program service expenses ▶ 351,031.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	X	
b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.		X
c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

BAA

Form 990 (2015)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a 3		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b 3		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return	2 a 9		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		X
b If 'Yes,' enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		X
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12.	10 a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.	11 a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b		
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13 b		
c Enter the amount of reserves on hand	13 c		
14 a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒ X**Section A. Governing Body and Management**

		Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year	1 a 9		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1 b 9		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8 a	X	
b Each committee with authority to act on behalf of the governing body?	8 b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10 a Did the organization have local chapters, branches, or affiliates?	10 a	X
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b	
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c X	
13 Did the organization have a written whistleblower policy?	13 X	
14 Did the organization have a written document retention and destruction policy?	14 X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15 a	X
b Other officers or key employees of the organization	15 b X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a	X
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ Massachusetts

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

CHRIS BALL 168 INDUSTRIAL DRV MASHPEE MA 02649 (774) 228-2353

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM NAY PROGRM DIRCTR	40.00	X			X			21,000.	0.	0.
(2) PETER ZAWADZKI PROGRM DIRCTR	40.00	X			X			44,711.	0.	0.
(3) RAFAL KOWALCZYK PROGRAMING	40.00	X			X			42,100.	0.	0.
(4) SHANE KINSMAN PROGRAMING	40.00	X			X			48,142.	0.	0.
(5) JOHN FULONE. PRESIDENT	2.00	X		X				0.	0.	0.
(6) CHRIS BALL TREASURER	2.00	X		X				0.	0.	0.
(7) BRAD SWEET VICE PRSDNT	2.00	X		X				0.	0.	0.
(8) PATRICK BRADY CLERK	2.00	X		X				0.	0.	0.
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
1 b Sub-total.								155,953.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								155,953.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions) . .	1 e 445,636.				
	f All other contributions, gifts, grants, and similar amounts not included above . .	1 f				
	g Noncash contributions included in lines 1a-1f: \$					
h Total. Add lines 1a-1f			445,636.			
Program Service Revenue	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue . . .					
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)		2,159.	0.	0.	2,159.
	4 Income from investment of tax-exempt bond proceeds . .					
	5 Royalties					
	6 a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including . . \$ _____ of contributions reported on line 1c). See Part IV, line 18. a					
	b Less: direct expenses b					
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19. a					
b Less: direct expenses b						
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances a						
b Less: cost of goods sold b						
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions			447,795.	0.	0.	2,159.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX. ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	169,601.	169,601.	0.	0.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.	26,811.	26,811.	0.	0.
10 Payroll taxes.	19,636.	19,636.	0.	0.
11 Fees for services (non-employees):				
a Management.	9,676.	1,576.	8,100.	0.
b Legal.				
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	201.	0.	201.	0.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion.	5,637.	5,637.	0.	0.
13 Office expenses.	4,278.	0.	4,278.	0.
14 Information technology.				
15 Royalties.				
16 Occupancy.	43,583.	43,583.	0.	0.
17 Travel.	1,929.	0.	1,929.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	55,980.	55,980.	0.	0.
23 Insurance.	6,901.	6,901.	0.	0.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>SUPPLIES</u>	6,516.	6,516.	0.	0.
b <u>CLEANING & MAINTENANCE</u>	3,968.	3,968.	0.	0.
c <u>TELEPHONE/INTERNET</u>	5,163.	5,163.	0.	0.
d <u>UTILITIES</u>	5,659.	5,659.	0.	0.
e All other expenses.	1,484.	0.	1,484.	0.
25 Total functional expenses. Add lines 1 through 24e.	367,023.	351,031.	15,992.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash — non-interest-bearing	197,613.	1	308,439.
	2 Savings and temporary cash investments	61,061.	2	67,759.
	3 Pledges and grants receivable, net	82,595.	3	86,789.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	5,099.	9	5,367.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 525,914.		
	b Less: accumulated depreciation	10b 127,969.	392,328.	10c 397,945.
	11 Investments — publicly traded securities	39,260.	11	31,223.
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	777,956.	16	897,522.	
Liabilities	17 Accounts payable and accrued expenses	13,067.	17	18,281.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	34,243.	25	51,125.
	26 Total liabilities. Add lines 17 through 25	47,310.	26	69,406.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	730,646.	27	828,116.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	730,646.	33	828,116.	
34 Total liabilities and net assets/fund balances	777,956.	34	897,522.	

BAA

Form 990 (2015)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	447,795.
2	Total expenses (must equal Part IX, column (A), line 25)	2	367,023.
3	Revenue less expenses. Subtract line 2 from line 1	3	80,772.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	730,646.
5	Net unrealized gains (losses) on investments	5	-3,302.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	20,000.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	828,116.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2 b	Were the organization's financial statements audited by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2 c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3 b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

BAA

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

MASHPPEE COMMUNITY MEDIA CENTER INC

Employer identification number

45-4985116

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2015

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')		416,869.	368,960.	379,470.	445,636.	1,610,935.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3		416,869.	368,960.	379,470.	445,636.	1,610,935.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						1,610,935.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4		416,869.	368,960.	379,470.	445,636.	1,610,935.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				320.	2,159.	2,479.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						1,613,414.
12 Gross receipts from related activities, etc. (see instructions).					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test — 2015. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33-1/3% support test — 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test — 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test — 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%
19a 33-1/3% support tests — 2015. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33-1/3% support tests — 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2	
3 a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c	
4 a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	
5 a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9 a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c	
10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below	10a	
b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3	

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement

3 Parent of Supported Organizations. Answer (a) and (b) below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions).	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions).	6	
7	Other expenses (see instructions).	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1 a	
b	Average monthly cash balances	1 b	
c	Fair market value of other non-exempt-use assets	1 c	
d	Total (add lines 1a, 1b, and 1c).	1 d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3).	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6).	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A).	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A).	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

- 7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

BAA

Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D – Distributions**

	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required).	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E – Distribution Allocations (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

BAA

Schedule A (Form 990 or 990-EZ) 2015

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

MASHPEE COMMUNITY MEDIA CENTER INC

Employer identification number

45-4985116

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

MASHPEE COMMUNITY MEDIA CENTER INC

45-4985116

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TOWN OF MASHPEE GREAT NECK ROAD MASHPEE MA 02649	\$ 445,636	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Financial Statements

- Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Employer identification number

MASHPEE COMMUNITY MEDIA CENTER INC

45-4985116

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment %

b Permanent endowment %

c Temporarily restricted endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements		250,332.	58,351.	191,981.
d Equipment		275,582.	69,618.	205,964.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				397,945.

BAA

Schedule D (Form 990) 2015

Part VII Investments – Other Securities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) . . . ▶		

Part VIII Investments – Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . . . ▶		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) . . . ▶	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	30,607.
(3) PAYROLL TAXES & WITHHOLDINGS	5,098.
(4) ACCRUED PAYROLL	15,420.
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
(11) _____	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) . . . ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2 a		
	b Donated services and use of facilities	2 b		
	c Recoveries of prior year grants	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2 a through 2 d		2 e	
3	Subtract line 2 e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4 a and 4 b		4 c	
5	Total revenue. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2 a		
	b Prior year adjustments	2 b		
	c Other losses	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2 a through 2 d		2 e	
3	Subtract line 2 e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4 a and 4 b		4 c	
5	Total expenses. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

MASHPEE COMMUNITY MEDIA CENTER INC

Employer identification number
45-4985116

Pt VI, Line 11b	Organization process to review form 990 to include meeting with board members and authorization from the President.
Pt VI, Line 15b	Board members approve all matters regarding compensation to key employees and management.
Pt VI, Line 19	Governing documents made available upon request. Financial statements available thru State of MA Division of Public Charities.
Pt VI, Line 12c	Board members periodically review organizational relationships with third-parties asto the nature of any conflicting interest.

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)
 Attach to your tax return.

OMB No. 1545-0172

2015Department of the Treasury
Internal Revenue Service(99) Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.Attachment
Sequence No. **179**

Name(s) shown on return

MASHPEE COMMUNITY MEDIA CENTER INC

Business or activity to which this form relates

Identifying number

45-4985116

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions.	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	53,973.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2015.	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B — Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property		1,200.	3 YR		S/L	230.
b 5-year property		830.	5 YR		S/L	116.
c 7-year property		59,566.	7 YR		S/L	1,661.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C — Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	55,980.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FD020812 10/27/15

Form 4562 (2015)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24 a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** **24b** If 'Yes,' is the evidence written? . . . ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use:								
27 Property used 50% or less in a qualified business use:								
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?						
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2015 tax year (see instructions):					
43 Amortization of costs that began before your 2015 tax year.				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

Additional Information

ELECTION TO USE STRAIGHT LINE DEPRECIATION METHOD

TAXPAYER HEREBY ELECTS UNDER IRC SECTION 168(b)(5) TO USE
STRAIGHT-LINE METHOD OF DEPRECIATION WITH RESPECT TO THE FOLLOWING
PROPERTY PLACED IN SERVICE IN THE TAX YEAR ENDING 12/31/2015:

3 YEAR, 5 YEAR AND 7 YEAR PROPERTY.



APPENDIX B
REPORT of CERTIFIED
PUBLIC ACCOUNTANT

MASHPEE COMMUNITY MEDIA CENTER, INC.

FINANCIAL STATEMENTS

DECEMBER 31, 2015

AND ACCOUNTANT'S REPORT.

MASHPEE COMMUNITY MEDIA CENTER, INC.

TABLE OF CONTENTS

DECEMBER 31, 2015

ACCOUNTANT'S REPORT	<u>Page</u> 1
FINANCIAL STATEMENTS	
Statement of Financial Position	2
Statement of Activities	3
Statement of Cash Flows	4
Statement of Functional Expenses	5
Notes to Financial Statements	6-11

STEPHEN C. D'ALONZO, CPA

22 Steeple Street, Suite 2042
Mashpee, MA 02649
Phone: (508) 477-6566

INDEPENDENT ACCOUNTANT'S REVIEW REPORT

To the Board of Directors
Mashpee Community Media Center, Inc.
Mashpee, MA 02649

I have reviewed the accompanying financial statements of Mashpee Community Media Center, Inc. (Mashpee TV) which comprise the statement of financial position as of December 31, 2015 and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements. A review includes primarily applying analytical procedures to management's financial data and making inquiries of company management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, I do not express such an opinion.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement whether due to fraud or error.

Accountant's Responsibility

My responsibility is to conduct the review engagement in accordance with the Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. Those standards require me to perform procedures to obtain limited assurance as a basis for reporting whether I am aware of any material modifications that should be made to the financial statements for them to be in accordance with accounting principles generally accepted in the United States of America. I believe that the results of my procedures provide a reasonable basis for my conclusion.

Accountant's Conclusion

Based on my review, I am not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in accordance with accounting principles generally accepted in the United States of America.

Stephen C. D'Alonzo, CPA
Mashpee, MA
July 25, 2016

MASHPEE COMMUNITY MEDIA CENTER, INC.
STATEMENT OF FINANCIAL POSITION
For the year ended December 31, 2015

ASSETS

Current Assets	
Cash	\$ 358,650
Fee receivable	86,789
Prepaid expenses	5,367
Investments (Note 3)	48,772
	<hr/>
Total Current Assets	499,578
 Fixed Assets (Note 2)	
Leasehold improvements	250,332
Audio visual & studio equipment	211,210
Furniture & fixtures	64,372
	<hr/>
Less: Accumulated depreciation	(127,969)
	<hr/>
Fixed assets, net	397,945
	<hr/>
TOTAL ASSETS	\$ 897,523

LIABILITIES

Accounts payable	\$ 18,283
Payroll taxes & withholdings	5,098
Accrued expenses	15,419
Deferred rent (Note 5)	30,607
	<hr/>
TOTAL LIABILITIES	69,407

NET ASSETS

Unrestricted	\$ 828,116
Temporarily restricted	-
	<hr/>
TOTAL NET ASSETS	828,116
	<hr/>
TOTAL LIABILITIES AND NET ASSETS	\$ 897,523

MASHPEE COMMUNITY MEDIA CENTER, INC.
STATEMENT OF ACTIVITIES
For the year ended December 31, 2015

	<u>UNRESTRICTED</u>	<u>TEMPORARILY RESTRICTED</u>	<u>TOTAL</u>
REVENUE & SUPPORT:			
Grants & Fees (Note 4):			
PEG Access Fees	355,743		355,743
PEG Access Equipment & Facilities		44,758	44,758
Grants and other re-imbursements	45,135		45,135
Investment income:			
Dividend, interest & other income	2,159		2,159
Unrealized loss	(3,302)		(3,302)
TOTAL REVENUE & SUPPORT	<u>\$ 399,735</u>	<u>\$ 44,758</u>	<u>444,493</u>
EXPENSES:			
Program expenses	351,031	-	351,031
Management & general expenses	15,992	-	15,992
TOTAL EXPENSES	<u>367,023</u>	<u>-</u>	<u>367,023</u>
INCREASE IN NET ASSETS	32,712	44,758	77,470
NET ASSETS RELEASED FROM RESTRICTIONS	44,758	(44,758)	-
NET ASSETS, BEGINNING OF YEAR	730,646	-	730,646
PRIOR-PERIOD ADJUSTMENT (Note 8)	20,000		20,000
NET ASSETS, DECEMBER 31, 2015	<u><u>\$ 828,116</u></u>	<u><u>\$ -</u></u>	<u><u>\$ 828,116</u></u>

MASHPEE COMMUNITY MEDIA CENTER, INC.
STATEMENT OF CASH FLOWS
For the year ended December 31, 2015

Cash flows from operating activities:	
Net increase in net assets	\$ 97,470
Adjustments to reconcile net increase in net assets to net cash provided by (used for) operations:	
Depreciaton expense	55,980
Realized gain on sale of investments & other marketable securities	(234)
Unrealized losses, investments & other marketable securities	3,302
Decrease (increase) in fee receivable	(4,194)
Decrease (increase) in prepaid expenses	(268)
Increase (decrease) accounts payable & accrued expenses	25,733
Increase (decrease) deferred rent	(3,636)
Net cash provided by operating activities	<u>174,153</u>
Cash flows used for investing activities:	
Acquisitions of property & equipment	(61,596)
Proceeds from sale of investments & other marketable securities	5,238
Acquisition of investment & other marketable securities	(6,813)
Net cash used for investing activities:	<u>(63,171)</u>
Net Increase in Cash	110,982
Cash, beginning of year	247,668
Cash, December 31, 2015	<u><u>\$ 358,650</u></u>

MASHPEE COMMUNITY MEDIA CENTER, INC.
STATEMENT OF FUNCTIONAL EXPENSES
For the year ended December 31, 2015

	<u>UNRESTRICTED</u>	<u>TEMPORARILY RESTRICTED</u>	<u>TOTAL</u>
<u>PROGRAM EXPENSES</u>			
Payroll wages & taxes	189,237		189,237
Employee benefits	26,811		26,811
Outside labor	1,576		1,576
Advertising & promotion (Note 1)	5,637		5,637
Computer & website	2,773		2,773
Supplies	3,743		3,743
Rent (Note 6)	43,583		43,583
Depreciation	55,980		55,980
Insurance	6,901		6,901
Repairs & maintenance	3,968		3,968
Utilities & telephone	10,822		10,822
TOTAL PROGRAM EXPENSES	<u>351,031</u>	<u>-</u>	<u>351,031</u>
<u>MANAGEMENT & GENERAL</u>			
Outside service fees	843		843
Postage & printing	633		633
Office general & administrative expenses	3,403		3,403
Professional fees	8,100		8,100
Meetings & conferences	1,929		1,929
Miscellaneous and all other	1,084		1,084
TOTAL MANAGEMENT & GENERAL	<u>15,992</u>	<u>-</u>	<u>15,992</u>

MASHPEE COMMUNITY MEDIA CENTER, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015

NOTE 1 – NATURE OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Activities

The Mashpee Community Media Center, Inc. (Mashpee TV) was formed April 6, 2012 as a non-profit corporation whose purpose is to produce and facilitate community programming for the residents and organizations of the Town of Mashpee, MA. The programming is conducted on the public, educational and government (PEG) access channels over the Mashpee cable television system.

Mashpee TV operates primarily through funding provided by the Town of Mashpee, in addition to membership fees, grants and donations.

As well as providing community access as a medium for public cable programming, Mashpee TV conducts periodic training for Mashpee residents and members of Mashpee-based organizations in order to provide the skills necessary to produce such programming and the use as well as other related tasks regarding facilities and equipment.

On June 1, 2013, Mashpee TV began operating from a 4,000 square foot, fully-equipped studio and broadcasting facility located at 168 Industrial Drive, Mashpee, MA 02649.

Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles. Net assets and revenues, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions

Unrestricted net assets – Net assets that are not subject to donor-imposed restrictions.

Temporarily restricted net assets – Net assets subject to donor-imposed stipulations that may or will be met, either by actions of the Organization and/or the passage of time. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

Permanently restricted net assets - Net assets that are subject to donor-imposed restrictions and maintained permanently by the Organization. Generally, the donors of these assets permit the Organization to use all or part of the income earned on any related investments for general or specific purposes.

MASHPEE COMMUNITY MEDIA CENTER, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015

NOTE 1 – NATURE OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Cash and Cash Equivalents

For purpose of balance sheet classification and the statement of cash flows, all highly liquid short-term investments and deposits are considered to be cash equivalents. This would be defined as cash in checking, savings, and money market accounts, and investments with an initial maturity of less than three months.

Tax Exempt Status

The Mashpee Community Media Center, Inc. is organized under the provisions of Chapter 180 of the Massachusetts General Laws and is qualified under Section 501(c)(3) of the Internal Revenue Code and is not a “private foundation” within the meaning of Section 509(a). Therefore, it is exempt from federal and state income taxes and there is no provision for income taxes in these financial statements. The Organization has no excise or unrelated business income taxes for the year ended December 31, 2015.

Donated services

Amounts that have been reported in the financial statements as voluntary donation of services are those that create or enhance non-financial assets or require specialized skills provided by individuals possessing those skills, which would be typically purchased if not provided by donation.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Advertising Costs

All advertising costs are expensed in the period in which they are incurred. Total expenses in connection with advertising amounted to \$5,637.

Functional expenses

The costs of providing various programs and other activities have been summarized on a functional basis in the Statement of Activities and in the Statement of Functional Expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited on the basis of time records, support, equally, or on estimates made by management.

MASHPEE COMMUNITY MEDIA CENTER, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015

NOTE 2 – PROPERTY AND EQUIPMENT

Property and equipment are recorded at cost, or if donated, the assets are capitalized at the estimated fair value at the date of receipt. Depreciation on studio, audio & visual equipment, including furniture and fixtures is computed using the straight-line method over the estimated useful lives of 5 to 7 years, with no salvage value. Leasehold improvements in connection with the studio and broadcast facility are recorded at cost and are depreciated on a straight-line basis over the lesser of the remaining life of the lease, including expected renewal or the estimated useful life of the assets.

NOTE 3 – INVESTMENTS

The fair value of Mashpee Community Media Center, Inc. financial instruments have been determined at a specific point in time, based on relevant market information about the financial instruments. Estimates of fair value are subjective in nature and involve uncertainties and matters of significant judgment and therefore cannot be determined with precision. Changes in assumptions could significantly affect the estimates.

Cash and cash equivalents, net accounts receivables, accounts payable and accrued liabilities are reflected in the financial statements at their estimated fair values due to the short-term nature of these instruments.

Fair values of noncurrent assets and liabilities at December 31, 2015 are as follows:

Asset Category	Carrying Value on Statement of Financial Position	FAS 107 Estimated Fair Value	Quoted Market Assets and Liabilities Measured At Fair Value	Significant Identical Assets Level 1 Inputs	Other Significant Observable Level 2 Inputs	Significant Unobservable Level 3 Inputs
Investments						
Mutual Funds	\$31,223	\$31,223	\$31,223	\$31,223	\$ -	\$ -

MASHPEE COMMUNITY MEDIA CENTER, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015

NOTE 4 – AGREEMENT WITH TOWN OF MASHPEE

Access Corporation

Whereas the Town of Mashpee, acting as the issuing authority, granted a cable and television license to Comcast of Massachusetts (licensee) for a ten year period beginning August 22, 2011 and to be included are certain fees collected from the Mashpee Cable System designated for the purposes Public, Education and Government (PEG) access programming. Such programming would be viewed through channels provided by the licensee's cable network. In addition, the licensee will provide annual funding in the amount \$44,758 for capital equipment and facilities purposes.

On May 13, 2015, the Town of Mashpee entered into an agreement with Mashpee Community Media Center, Inc. to fulfill the obligations of (1) operating and managing the use of PEG Access funding (2) maintain equipment, channel capacity and facilities and (3) training and programming for Mashpee Subscribers. The term of agreement is for one year, through May 21, 2016, with an option to extend for subsequent periods to an additional two years.

As of the date of issue of the financial statements the Town of Mashpee and Mashpee Community Media Center, Inc. renewed their agreement and extended the term through May 20, 2019.

NOTE 5 – DEFERRED RENT

On June 19, 2013 the landlord provided the Mashpee TV with a \$40,000 build-out allowance upon the completion of the studio and broadcast facility located at 168 Industrial Drive, Mashpee, MA 02649. The funding of improvements by the lessor is recognized as a reduction of rent expense and is amortized over the lease term, including the expected renewal period.

Future amortization as a reduction in rent expense is as follows:

Year ending December 31

2016	\$	3,636
2017		3,636
2018		3,636
2019		3,636
thereafter		16,063
	\$	<u>30,607</u>

MASHPEE COMMUNITY MEDIA CENTER, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015

NOTE 6 – OPERATING LEASES

On March 30, 2012, Mashpee TV entered into a leasing arrangement for its office, production and studio space of approximately 4,000 square feet located at 168 Industrial Drive, Mashpee, MA 02649. The lease provisions include a base monthly rent in addition to common area costs. The lease term is for (6) years commencing June 1, 2013 with a five-year option to renew.

Future minimum rental payments under the lease are as follows:

Year ending December 31

2016	\$	42,000
2017		42,000
2018		42,000
2019		17,500
	\$	<u>143,500</u>

NOTE 7 – CONCENTRATION OF CREDIT RISK

The Mashpee TV maintains its bank account at one bank. Account at this institution is insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. In addition, funds on deposit with the financial institution, which is a member of the co operative banking network in Massachusetts, are insured above the limits provided by FDIC.

Mashpee TV receives a substantial portion of its support from a contract with the Town of Mashpee. This reliance ensures the continuing operations and maintenance of the facilities and equipment. Any significant reduction in funding from the Town of Mashpee may impact the ability to carry out program and other activities.

MASHPEE COMMUNITY MEDIA CENTER, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015

NOTE 8 – PRIOR-PERIOD ADJUSTMENT

Net assets at the beginning of 2015 has been adjusted to correct an error in the recording of a fee receivable from the Town of Mashpee regarding the re-imbursement for activities in connection with the Mashpee High School made in 2014. Had the error not been made, net assets for the year 2014 would have increased \$20,000.

NOTE 9 – SUBSEQUENT EVENTS

Management has evaluated subsequent events through July 25, 2016, the date on which the financial statements were available to be issued. There were no events that required recognition or disclosure in the financial statements.



APPENDIX C
REPORT of EXPENSES
BUDGET TO ACTUAL



**Mashpee Community Media Center
2015 Budget vs. Actual Expense Report**

Ordinary Income/Expense	Budget	Expense
Income		
2000 Cable Revenue		
2010 Comcast Franchise Fees	310,000.00	355,742.55
2020 Comcast Capital Equipment	44,000.00	44,758.00
Total 2000 Cable Revenue	354,000.00	400,500.55
2100 Additional Income		
2150 Town of Mashpee	40,000.00	45,135.00
Total 2100 Additional Income	40,000.00	45,135.00
2200 MTV Income		
2220 Membership	0.00	
2230 Workshops	0.00	
2250 Misc	0.00	5.00
Total 2200 BATV Income	0.00	
 Total Income	 394,000.00	 445,640.55

5100 Software		
5110 Production	10,000.00	2,673.92
5120 Office	2,500.00	99.00
Total 5100 Software	12,500.00	2,772.92
6100 Food/Beverage		
6110 Catering	2,500.00	855.99
6120 Supplies	4,000.00	243.22
Total 6100 Food/Beverage	6,500.00	1,099.21
6200 Benefits		
6210 Health & Dental	26,500.00	26,811.74
Total 6200 Benefits	26,500.00	26,811.74
6300 Charitable	2,000.00	NA
6400 Dues & Subscriptions	500.00	400.00
6500 Furnishings & Sets	5,000.00	867.62
6600 Insurance		
6610 Commercial Liability (Sentinel *3892)	1,800.00	
6620 Professional Liability (Landmark *1301)	2,750.00	4,146.00
6630 Workers Comp (Hartford *7679)	650.00	2,551.00
6640 D&O Policy (Great American *1935)	1,300.00	-46.00
6650 Business Property (Lloyds *7269)	450.00	250.00
Total 6600 Insurance	6,950.00	6,901.00

6700 Janitorial Supp/Srvcs	4,000.00	3,951.25
-----------------------------------	-----------------	-----------------

6800 Marketing/Outreach

6810 Marketing Materials	3,500.00	1,237.49
---------------------------------	----------	----------

6820 Web Services	2,500.00	4,399.70
--------------------------	----------	----------

Total 6800 Marketing/Outreach	6,000.00	5,637.19
--------------------------------------	-----------------	-----------------

6900 Miscellaneous	2,500.00	769.87
---------------------------	-----------------	---------------

7000 Office Supplies		116.81
-----------------------------	--	--------

7010 Small Supplies	5,000.00	2,581.49
----------------------------	----------	----------

7020 Office Equipment	5,000.00	304.90
------------------------------	----------	--------

Total 7000 Office Supplies	10,000.00	3,003.20
-----------------------------------	------------------	-----------------

7100 Payroll Expenses		641.75
------------------------------	--	--------

7110 Payroll Fees	1,500.00	166,723.19
--------------------------	----------	------------

7120 Payroll	195,000.00	1,575.53
---------------------	------------	----------

7130 Payroll Other	7,500.00	2,878.03
---------------------------	----------	----------

Total 7100 Payroll Expenses	204,000.00	171,818.50
------------------------------------	-------------------	-------------------

7200 Taxes

	19,500.00	
Total 7200 Taxes	19,500.00	19,621.19

7300 Postage & Delivery	250.00	61.76
------------------------------------	--------	-------

7400 Contract Labor

7410 Accounting	6,000.00	
7420 Printing	2,000.00	571.23
Total 7400 Contract Labor	8,000.00	571.23

7500 Repairs

7510 Production	1,500.00	
7520 Facility	1,500.00	16.51
Total 7500 Repairs	3,000.00	16.51

7600 Telecommunications

7610 Cable/Internet	6,000.00	5,018.46
7620 Miscellaneous	1,000.00	144.37
Total 7600 Telecommunications	7,000.00	5,162.83

7700 Training	1,500.00	NA
----------------------	-----------------	----

7800 Travel/Entertainment		733.36
7810 Food & Beverage	1,000.00	186.34
7820 Lodging	1,250.00	543.32
7830 Travel	750.00	416.20
7840 Conference Fees	500.00	50.00
Total 7800 Travel/Entertainment	3,500.00	1,929.22
		-289.38
7900 Utilities		1,751.72
7910 Utilities	16,000.00	4,197.00
Total 7900 Utilities	16,000.00	5,659.34
8010 Rent/Lease		30,034.00
8020 CAM		13,549.10
Total 8000 Facility Lease		43,583.10
Depreciation expense		55,980.49
Professional services & fees		8,300.72
Other Revenue		
Dividend Revenue		2,008.95
Interest Earned		150.37
Unrealized Gains/Loss		
Investments		-3,302.14
Total Other Revenue		-1,142.82
Other Expenditures		
Other Miscellaneous		
Expenditure		318.74
Total Other Expenditures		318.74
Net Other Revenue		-1461.56
Total Expense	356,700.00	366,695.14
Total Revenue	37,300.00	77,483.85



APPENDIX D
BUDGET for 2016

Mashpee Community Media Profit and Loss Budget

Ordinary Income/Expense	2016
Income	
2000 Cable Revenue	
2010 Comcast Franchise Fees	335,000.00
2020 Comcast Capital Equipment	44,000.00
Total 2000 Cable Revenue	<u>379,000.00</u>
2100 Additional Income	
2150 Town of Mashpee	40,000.00
Total 2100 Additional Income	<u>40,000.00</u>
2200 MTV Income	
2220 Membership	0.00
2230 Workshops	0.00
2250 Misc	0.00
Total 2200 MTV Income	<u>0.00</u>
Total Income	<u>419,000.00</u>
Expense	
5000 A/V Supplies	
5010 Blank Media	2,500.00
5020 Equipment	
5021 Production	5,000.00
5022 Miscellaneous	2,500.00
5023 Portable/Field	10,000.00
5024 Small Equipment	2,500.00
Total 5020 Equipment	<u>20,000.00</u>
Total 5000 A/V Supplies	<u>22,500.00</u>
5100 Software	
5110 Production	10,000.00
5120 Office	2,600.00
Total 5100 Software	<u>12,600.00</u>
6100 Food/Beverage	
6110 Catering	2,500.00
6120 Supplies	4,000.00
Total 6100 Food/Beverage	<u>6,500.00</u>
6200 Benefits	
6210 Health & Dental	26,500.00
Total 6200 Benefits	<u>26,500.00</u>
6300 Charitable	2,000.00
6400 Dues & Subscriptions	500.00
6500 Furnishings & Sets	4,500.00
6600 Insurance	
6610 Commercial Liability (Sentinel *3892)	1,800.00
6620 Professional Liability (Landmark *1301)	2,750.00
6630 Workers Comp (Hartford *7679)	650.00
6640 D&O Policy (Great American *1935)	1,300.00
6650 Business Property (Lloyds *7269)	450.00
Total 6600 Insurance	<u>6,950.00</u>
6700 Janitorial Supp/Srvcs	4,000.00
6800 Marketing/Outreach	
6810 Marketing Materials	3,500.00

6820 Web Services	5,800.00
6830 Advertising	2,500.00
Total 6800 Marketing/Outreach	11,800.00
6900 Miscellaneous	2,500.00
7000 Office Supplies	
7010 Small Supplies	4,000.00
7020 Office Equipment	5,000.00
Total 7000 Office Supplies	9,000.00
7100 Payroll Expenses	
7110 Payroll Fees	1,500.00
7120 Payroll	190,000.00
7130 Payroll Other	2,500.00
7140 Payroll Bonus	4,000.00
Total 7100 Payroll Expenses	198,000.00
7200 Taxes	
7210 Payroll	20,000.00
Total 7200 Taxes	20,000.00
7300 Postage & Delivery	250.00
7400 Contract Labor	
7410 Accounting	6,000.00
7420 Printing	1,000.00
Total 7400 Contract Labor	7,000.00
7500 Repairs	
7510 Production	1,500.00
7520 Facility	2,500.00
Total 7500 Repairs	4,000.00
7600 Telecommunications	
7610 Cable/Internet	6,000.00
7620 Miscellaneous	1,000.00
Total 7600 Telecommunications	7,000.00
7700 Training	3,000.00
7800 Travel/Entertainment	
7810 Food & Beverage	400.00
7820 Lodging	1,000.00
7830 Travel	750.00
7840 Confrence Fees	250.00
Total 7800 Travel/Entertainment	2,400.00
7900 Utilities	
7910 Utilities	16,000.00
Total 7900 Utilities	16,000.00
8000 Facility Lease	
8010 Rent	32,004.00
8020 CAM	9,996.00
Total 7900 Facility Lease	42,000.00
Total Expense	409,000.00
Net Ordinary Income	10,000.00
Net Income	10,000.00



APPENDIX E
PROJECTED BUDGETS
for 2017 through 2019



**Mashpee Community Media Center
Budget Projections 2017-2019**

Revenue	2017	2018	2019
Comcast	\$362,000.00	\$369,240	\$376,625
Comcast Capital	\$44,758.00	\$44,758	\$44,758
School Department	\$51,500.00	\$53,045	\$54,636
Partnerships/Sponsors	\$2,400.00	\$3,600	\$5,400
Membership Fees	\$2,400.00	\$2,400	\$2,400
Other	\$1,000.00	\$1,000	\$1,000
Carry Over/Reserve	\$40,000.00	\$28,000	\$38,000
Total Revenues	\$504,058.00	\$502,043	\$522,819
Expenses			
Salary & Wages	\$259,996	\$263,967	\$271,131
Payroll Taxes	\$26,000	\$26,397	\$27,113
Employee Benefits	\$26,400	\$26,400	\$26,400
Rent	\$32,400	\$32,400	\$36,800
CAM	\$16,800	\$17,640	\$18,081
Utilities & Communications	\$14,136	\$14,136	\$14,560
Office Expenses	\$6,000	\$6,000	\$6,000
Legal & Professional Fees	\$8,100	\$8,100	\$8,100
Security	\$630	\$700	\$750
Vehicles Expense	\$3,420	\$3,600	\$4,000
Insurance	\$9,470	\$9,659	\$9,949
Marketing Promotion	\$12,000	\$12,000	\$12,000
Board & Event Expenses	\$6,000	\$6,000	\$6,000
Repairs and Maintenance	\$4,800	\$6,000	\$7,000
Music Service	\$1,320	\$1,700	\$1,800
Training	\$3,000	\$3,000	\$3,000
Professional Associations	\$1,980	\$2,000	\$2,000
Supplies	\$3,840	\$4,000	\$4,500
Cleaning & Trash	\$3,780	\$4,000	\$4,000
FF&E	\$3,000	\$6,000	\$8,000
Equipment Upgrades	\$44,000	\$44,000	\$44,000
Miscellaneous	\$3,600	\$3,600	\$3,600
Total Expenses	\$490,672	\$501,299	\$518,784
Net Income Less Expenses	\$13,386	\$744	\$4,035



Town of Mashpee

Fire & Rescue Department

20 Frank Hicks Drive

Mashpee, MA 02649

V 508.539.1458

Date: November 7, 2016

To: Rodney Collins, Town Manager

From: Fire Chief Thomas C. Rullo

Re: Ambulance Billing Fees

Mr. Collins,

I am requesting that the Town of Mashpee explore the possibility of increasing the Ambulance Transport fees for service. The last time the fees were assessed and raised was in 2008. In order to be responsive to the needs of the Town with respect to the services we provide, a competitive assessment into our current fee structure was done.

A comparison of like agencies combined with a conventional business model from our billing company was used to provide information that will assist you in making an informed decision.

Definitions:

- Emergency Medical Technician - Provides high quality care for all pre-hospital patients by providing primary basic life support under the direction of the on-scene paramedic or the Medical Control Physician.
- Paramedic – Provides high quality care for all pre-hospital patients by providing advanced life support capabilities and equipment, utilizing current protocols and medical directions. Paramedics have advance diagnostic and mitigation training in order to improve the quality of medical treatment and transportation.
- Basic Life Support (BLS)-A patient that is considered BLS can be confidently cared for, treated and transported by an EMT.
- Advance Life Support (ALS)-This patient requires a more advanced form of treatment and transportation that can only be accomplished by a paramedic.
- Advance Life Support 1 Emergency Transport-This level is defined in layman's terms as advance life support with the minimum amount of equipment and medications used to continue a patient's treatment. This patient is considered stable in medical terms but still needs a paramedic's intervention.
- Advance Life Support 2 Emergency Transport- This patient is considered to be unstable and requires two paramedics' attention with the use of more equipment and medications in an attempt to stabilize the patient.



Town of Mashpee

Fire & Rescue Department

20 Frank Hicks Drive

Mashpee, MA 02649

V 508.539.1458

- Transportation Mileage is calculated based on the travel distance from the scene to area hospitals. (Falmouth Hospital averages 12 miles, Cape Cod Hospital averages 15 miles)

Current Fee Structure for Ambulance Transports

Town of Mashpee (2008)

- BLS Emergency \$475.00
- ALS 1 Emergency \$635.00
- ALS 2 Emergency \$820.00
- Mileage \$15.00 per mile

Town of Harwich

- BLS Emergency \$1,056.23
- ALS 1 Emergency \$1,927.76
- ALS 2 Emergency \$3,037.99
- Mileage \$29.76 per mile

Town of Falmouth

- BLS Emergency \$547.82
- ALS 1 Emergency \$650.52
- ALS 2 Emergency \$941.55
- Mileage \$28.61 per mile

Proposed Fee increase Structure for Ambulance Transports

Town of Falmouth

- BLS Emergency \$1,300.98
- ALS 1 Emergency \$1,871.75
- ALS 2 Emergency \$2,676.26
- Mileage \$34.00 per mile

Facts

In 2007, the Mashpee Fire & Rescue Department responded to 1,595 medical calls and 1,270 patients were transported to area hospitals.

In 2015, the Mashpee Fire & Rescue Department responded to 2,070 medical calls and 1,806 patients were transported to area hospitals.



Town of Mashpee

Fire & Rescue Department

20 Frank Hicks Drive

Mashpee, MA 02649

V 508.539.1458

Mashpee Fire Rescue Department cost for service includes

- EMT & Paramedic certification
- State License fees
- Cost of disposables to include medications
- Cost of maintenance, repair or replacement of equipment

Recommendations

The recommended amounts represent the approximate average of the various rates in an effort not to overly impact our community and the end users.

Town of Mashpee (proposed rates)

- BLS Emergency \$938.58
- ALS 1 Emergency \$1,480.61
- ALS 2 Emergency \$2,249.76
- Mileage \$20.00 per mile

Since 2007, we have seen a 29.8% increase in EMS calls and a 42% increase in our patient transports to area hospitals. For calendar year 2015, \$1,297,079.34 was initially billed. However, due to Medicaid and Medicare mandates, this amount was adjusted to \$820,491.00. After the mandatory adjustments were made, the Town received \$776,044.16 net. Thus, the Town of Mashpee had a 94.8% collection rate of the allowed billing.

The new rates, based on current transport numbers would be billing an approximate \$1,621,348.00. This figure would then be adjusted by Medicare and Medicaid requirements. We anticipate an approximate \$100,000 to \$150,000 in additional revenue per year. The Fire Chief shall review the fee structure on a 5-year cycle, in conjunction with a needs assessment, to ensure the rates are competitive.

Thomas C Rullo

Fire Chief

**Town of Mashpee Board of Selectmen
Policy 053**

Ambulance Billing/Abatements

I. PURPOSE AND INTENT

The policy of the Board of Selectmen is to collect all receivables as generated by the Mashpee Fire Department ambulance service, with the exception of cases where payment would create a severe financial hardship. It is with this intent that the following policy guidelines are established.

II. PROCEDURE

1. The Town shall contract with a private billing company for billing services. The billing company will issue an invoice to the patient for the cost of the ambulance transport. The reverse side of this invoice will request the patient's insurance information. If insurance information is provided, the billing company will send an invoice to the insurance company. If no insurance information is provided, the patient will be responsible for payment of the bill.
2. If there is no response to the first bill within 30 days, a second bill will be sent stating "Account Past Due". A phone call will be made from the billing company to the patient regarding the past due account in order to determine the patient's ability to pay. If the patient is unable to pay the bill due to financial hardship, the patient will be required to submit a written request to the Town, asking that the bill be abated.
3. If no financial hardship is presented and there is no response to the second bill, a third bill stating "Account 60 Days Past Due" will be sent.
4. If no response is received after the third billing and/or within 90 days, a fourth bill will be sent stating that the account is "Seriously Past Due" and could be sent to the deputy collector. After the 90-day period of inactivity, the Fire Chief will receive from the billing company a report of outstanding bills that are 90 days or more overdue. The billing company will exclude from the report any balances that are required either contractually and/or legally to be written off. Balances that fall under these guidelines will be adjusted accordingly, and those adjustments will be included in the monthly report provided by the billing company.
5. The Fire Chief will review the report of outstanding bills and categorize them into one of the two options below:
 - A. To be considered for abatement/write-off:
 - 1) In the case of any bill that has no third party involvement, when the patient is responsible for the entire amount, the patient has the opportunity to apply for a financial hardship abatement by submitting a written statement declaring "I certify, under the pains and penalties of perjury, that I do not have the financial resources or insurance to cover this ambulance bill." If no statement is submitted, the patient will be deemed responsible for the bill and will then fall under option B.

- 2) Bills for patients listed as deceased will be considered for abatement/write off.
- B. To be sent to a Deputy Collector to further pursue collection:
- 1) Bills for patients who are responsible for the balance of the bill after partial payment was paid through a third party.
 - 2) Remaining bills with outstanding balances.
6. The Fire Chief will present a list of outstanding bills under Option 5.A. to the Town Manager and Board of Selectmen Fire Liaison for consideration of abatement/write-off by the Board of Selectmen. The approved abatement list will then be forwarded to the Town Accountant, medical billing company, and the Ambulance Billing Clerk under the Fire Department.
 7. The Fire Chief will forward a list of outstanding bills under Option 5.B. to the Town Treasurer for collection by the Deputy Collector. A copy of this list will be sent to the medical billing company to be removed from their outstanding receivables balance.
 8. The Deputy Collector will send out two mailings in an effort to recover any outstanding balances. Associated Deputy Collector fees will apply. After 60 days of inactivity on those balances still outstanding with the Deputy Collector, the outstanding list will be returned to the Town Treasurer.
 9. The Town Treasurer will then return the outstanding balance list to the Fire Chief who will present it to Town Manager and Board of Selectmen Fire Liaison for consideration of abatement/write-off by the Board of Selectmen. The approved list will then be forwarded to the Town Accountant.

Adopted:

Amended:

Revised: